

Spring 2021

# Elementary School Counselors Experiences Working With Students With Emotional/Behavioral Disorders: A Qualitative Dissertation

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ELEMENTARY SCHOOL COUNSELORS EXPERIENCES WORKING WITH STUDENTS  
WITH EMOTIONAL/BEHAVIORAL DISORDERS: A QUALITATIVE DISSERTATION

by

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Submitted in Partial Fulfillment of the Requirements

For the Degree of Doctor of Philosophy in

Counselor Education

College of Education

University of South Carolina

2021

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## DEDICATION

To every student with EBD who has called me Ms. E, may you know that I am always rooting for you. In honor of Jennifer Pritchard, an educator and mentor who taught me so much about supporting students with behavioral challenges and teaching them new ways to cope.

## ACKNOWLEDGEMENTS

Adequately thanking everyone who supported me in completing my dissertation is beyond difficult. First, I must thank the members of my committee. During my time at UofSC, your classes honed my skills as a counselor educator and researcher. Special thanks to Dr. Limberg for all of her time and feedback during this dissertation process and within the doctoral program. I will miss our Zoom check-ins. Additionally, I could not have completed my dissertation without my amazing research team- Gene  , Shelby, Alex, and Cara. Thank you all so much for the time and effort you put into this project. I am immensely grateful for your dedication in analyzing all the data for this study. I also want to thank the faculty at NGU and W&M for establishing a strong foundation.

I want to also thank my family and friends who supported me during this process. I especially want to thank Helen, Emily, Gene  , Yvette, Jody, Annie, Katy, Leilani, and Hannah who allowed me to vent many times. When I considered giving up, your encouragement helped me make through. In particular, I want to thank my mom for the education, love, and support she has always provided. You have always been my biggest cheerleader, and I am so thankful for you. Along with Jennifer Pritchard, there are numerous educators and counselors who contributed to my professional development in working with students with EBD, specifically Butler, Keyondra, and Mr. Wilson. I appreciate the work you do daily to support students with challenging behaviors.

Lastly, but not last, I want to thank God for sustaining me through all the challenges that I have faced in the last three years and walking with me through them.

## ABSTRACT

Students with emotional/behavioral disorders have identified disruptive behaviors that negatively impact their academic performance. The US Department of Education and the American School Counselor Association have supported the use of school-wide Multitiered Systems of Support (MTSS) to reinforce pro-social behaviors for all students, but to also ensure the development of targeted and intensive interventions for students who need more support. As stakeholders, school counselors are often involved in the development and implementation of MTSS's tiered interventions to provide support to all students, especially those with disabilities. Using consensual qualitative research study, the research team aimed to examine elementary school counselor's perspective in developing, implementing, and assessing behavioral plans within an MTSS framework and working with students with EBD. The results, implications, and suggestions for future research will also be presented.

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## LIST OF ABBREVIATIONS

ASCA.....	American School Counseling Association
CICO.....	Check-in/Check-out
CQR .....	Consensual Qualitative Research
EBD.....	Emotional/Behavioral Disorders
FBA.....	Functional Behavioral Assessment
IDEA .....	Individuals with Disabilities Education Act
IEP.....	Individualized Education Plan
MTSS .....	Multitiered Systems of Support
PBIS .....	Positive Behavior Intervention System

## CHAPTER 1

### INTRODUCTION

A disability of an emotional/behavioral disturbance is defined as a child's inability to appropriately respond socially, academically, or emotionally to a situation because of an underlying mental health disorder that impacts the child's functioning in their family, school, or community (Brauner & Stephens, 2006). According to the Individuals with Disabilities Act (2004), the child's behavior must be exhibited over a "long period of time" and impact the child's academic progress. According to the US Department of Education (USDOE, 2019), an estimated 353,000 students received services for a disability of emotional/behavioral disturbance in the 2017-2018 school year, about 1% of the student population. However, Mihales et al. (2008) argues that 2-4% of the student population meets the criteria for EBD, but do not receive services. Some stakeholders who advocate for students with disabilities have found the USDOE's use of the term "emotional behavioral disturbance" to be disparaging; my dissertation utilizes emotional/behavioral disorders instead (EBD; Walker et al., 2010). Students who are at-risk for developing EBD may exhibit disruptive and/or non-compliant classroom behaviors and may struggle to develop or maintain relationships with peers and teachers (IDEA, 2004; McDaniel et al., 2018). Students with EBD are 50% less likely to graduate than students without disabilities (Reid et al., 2004; USDOE, 2014). As stakeholders in the provision of services to students with EBD, school counselors are integral part in identifying, assessing, developing, and implementing behavioral interventions for

students with EBD, but many school counselors report receiving little to no formal training in using behavioral interventions with students (Kiper Riechel et al., 2020; Zyromski et al., 2018).

### **Lack of Services for Students with EBD**

Students with EBD have lower academic achievement than students without disabilities and are more likely to develop a substance use disorder (USDOE, 2014). The Center for Disease Control and Prevention (CDC, 2018) estimates that one out of seven children between the ages of 2-8 meet the criteria for a mental, behavioral, or developmental disorder. However, Merikangas et al. (2011) estimates that at least 50% of adolescents diagnosed with a mental health disorder never receive any mental health services or support. The American School Counselors Association (2018) supports the use of school-wide behavioral models (specifically Multitiered Systems of Support, MTSS) to support all students, but there is not an established framework or curriculum for school counselors (Goodman-Scott et al., 2016).

### **Purpose of the Study**

The purpose of my dissertation is to explore the experiences of elementary school counselors, specifically: working with students with EBD, using behavioral interventions, and reflecting on their graduate training. I hope that the implications of my qualitative study could impact course content in school counseling graduate programs to include more training on evidence-based practices for working with students with EBD.

### **Multitiered Systems of Support (MTSS)**

In recent years, school-wide, MTSS have been implemented in schools throughout the United States with the goal of providing support to all students by

decreasing behavioral incidents and referrals and increasing academic success as a by-product (Bettters-Bubon & Donohue, 2016). The Positive Behavior Intervention System (PBIS) is one MTSS model that has been developed and implemented in over 22,000 schools (Bettters-Bubon & Donohue, 2016).

For schools that implement a school-wide MTSS program, a three-tier model of behavioral support is developed: tier 1 (universal), tier 2 (targeted), and tier 3 (intensive). Tier 1 interventions are designed to meet the needs of 80-85% of the student population. For the second and third tiers, students who do not respond to the universal tier are provided support in tier 2 and, if not successful tier 3 (Martens & Andreenn, 2013). Tier 2 interventions are designed for 10-15% of the student population, and tier 3 interventions are developed for around 5% of the student population who did not respond to interventions in tier 1 or 2. In the later tiers, school counselors engage in development of targeted and intensive behavioral plans for students including check-in/out (CICO), small groups that promote social and emotional learning, and academic instruction groups (Bunch-Crump & Lo, 2017; Martens & Andreen, 2013; Smith et al, Poling, & Worth, 2018).

For tier 2 interventions, CICO is a common intervention for schools to include in a student's Individual Education Plan (IEP; Bunch-Crump & Lo, 2017). In one study analyzing tier 2 behavioral interventions, CICO was found to be significantly successful for reducing attention seeking behaviors, but not statistically significant in reducing escaped based behaviors (McIntosh et al., 2009). Martens and Andreen (2013) recommend that school counselors should utilize social skills small groups, parent/teacher meetings, teacher/student mentorship, and/ or individual counseling with

students who have escaped-based behaviors. In addition, Tier 3 interventions require a Functional Behavioral Assessment (FBA) to develop a behavioral plan and to assess whether behavior is attention seeking or escape based. An FBA is designed to determine the “function” of a behavior through observations of the student in various settings, occurrence of alternative behaviors, and antecedents and consequences that influence and maintain disruptive behaviors (Gage et al., 2012). However, FBA’s have no standard procedures for implementation or qualifications of assessors (Gage et al., 2012).

Within a PBIS program, school counselors are considered stakeholders in the development of a school wide implementation (Bettters-Bubon & Donohue, 2016). Bettters-Bubon and Donohue (2016), both school counselors who implemented school-wide PBIS programs, reported that while training and implementation of a PBIS program was a time-intensive process; overall, there was a significant decrease in referrals over the next three years in their respective schools. The American School Counselor Association (ASCA, 2018) has also supported MTSS models and views school counselors’ as an integral part of behavior planning for the student body as a whole and for individual students. According to ASCA (2018), MTSS are data-driven, comprehensive programs that school counseling guidance programs use to provide support to all students and address the needs of students who need individualized interventions for academic and behavioral issues. Although ASCA supports school-wide MTSS, there are no set standards or guidelines that establish a framework for training school counselors to implement (Goodman-Scott et al., 2016). Goodman-Scott et al. (2016) reviewed previous research on MTSS and found that school counselors were responsible, in many cases, for implementing and maintaining PBIS by “collecting data,

communicating with stakeholders, utilizing data to meet school needs, create and monitor PBIS interventions, and engage in systematic change and advocacy (p. 58).” Goodman-Scott et al. (2016) argued that school counselors need a framework that integrates the ASCA model, comprehensive programming, and PBIS interventions for all students.

### **School Counselor and Behavioral Interventions**

Although there are evidence-based practices for children with EBD, school counselors often develop or implement interventions with no training (Quarto, 2007; Zyromski et al., 2018). Kiper Riechel et al. (2020) examined the experiences of 12 school counselors in a phenomenological qualitative study. When they began working as a school counselor, participants reported that they felt ill-equipped for their school’s expectations on data collection, data analysis, and the development of evidence-based interventions based on collected data (Kiper Riechel et al., 2020). Additionally, Quarto (2007) completed a qualitative study with 80 participants who were elementary and middle school counselors and interviewed them about their experiences utilizing classroom management strategies to reduce disruptive behaviors. When asked about their training in their school counseling graduate program, sixty-eight percent of the participants reported that they were not trained in classroom management strategies during their graduate studies (Quarto, 2007). In addition, Lochman et al. (2009) examined relationship between school counselors’ training in behavioral interventions and student behavior. Lochman et al. (2009) conducted a training with 57 school counselors in utilizing behavioral interventions in a curriculum called Coping Power. The participants were randomly assigned into one of three groups: Control, Coping Power, and Coping Power plus feedback. The Coping Power plus feedback group received the intervention

and were evaluated on their implementation of the behavioral intervention. In addition, Lochman et al. (2009) collected behavioral data in all 57 schools where the participants worked for two years following the training. In comparison to the control group, the students in a Coping Power school had fewer behavior referrals. However, there was not a significant difference in the two Coping Power intervention groups (Lochman et al., 2009). Although previous literature has focused on school counselor's lack of training in behavioral training, there is limited research on school counselor's experiences with students with EBD specifically. Because these students often need tailored tier 2 or tier 3 behavioral interventions, school counselors' experiences working with students with EBD is critical for changing school counseling graduate programs to better prepare future school counselors.

### **Theoretical Framework**

Because MTSS models have been used to support students with EBD through tiered interventions, many school districts have developed interventions that utilize behavioral techniques to modify behavior. As stakeholders within the MTSS framework, elementary school counselors are usually a member of the behavior team that develops and provides tiered services for students with EBD (Goodman-Scott et al., 2016). However, Quarto (2007) and Zyromski et al (2018) have reported that school often do not receive adequate training in using behavior interventions or working with students with behavioral issues.

In preparing pre-service school counselors, counselor educators often integrate cognitive and experiential learning theories in course curriculum and field experiences for training school counselors. Within the cognitive framework, learning is a cumulative



process, and a student cannot advance until they achieve competence in their current stage of cognitive development, because cognitive learning theory asserts that a student cannot utilize skills when they do not know or comprehend the concepts (Aubrey & Riley, 2016; Granello, 2001). Within Bloom's Taxonomy, there are six stages to cognitive development: knowledge, comprehension, application, analysis, synthesis, and evaluation (Granello, 2001). Nevertheless, pre-service school counselors may learn about Behaviorism's techniques for modifying behavior in their school counseling course curriculum, but they may not be able to apply the techniques. Because of this, school counselors may enter the field unprepared to work with students with EBD. This may be in part because school counseling faculty often utilize the practicum and internship placements to ensure experiential learning.

In conjunction with cognitive approaches, counselor educators often have an integrated teaching pedagogy that incorporates experiential learning theory and cognitive learning development with interactive field experiences as an essential component of learning (Aubrey & Riley, 2016; Kolb & Kolb, 2009). Within the experiential learning cycle, there are four stages: concrete experience, reflective observation, abstract conceptualization, and active experimentation (Aubrey & Riley, 2016). Practicum and internship placements allow pre-service school counselors to have active experimentation and apply the skills they have learned within their courses (Finnerty et al., 2019). However, if a pre-service school counselor does not have a student with EBD at their site placement, they are not provided the opportunity to use the Behaviorism techniques that they have learned in class and may not advance to the application stage of development until after graduation.

## **Major Research Question**

I aim to explore the perspectives of school counselors by examining the following research question: What are the experiences of elementary school counselors in providing behavioral supports with an MTSS framework for students diagnosed with emotional/behavioral disorders?

## **Consensual Qualitative Research Design**

For my dissertation, I used Consensual Qualitative Research (CQR) design. Developed by Hill and colleagues (1997), CQR combines aspects of grounded theory, phenomenological, and comprehensive process analysis. CQR is rooted in constructivist theory in that CQR holds that individuals construct their own reality and that there can be multiple- but all equally valid- versions of the “truth” (Hill et al., 2005, p. 197). For a theoretical framework, CQR combines phenomenological and grounded theory, but primarily relies on constructivist theory as a “philosophical stance” (Hill et al., 2005, p. 197). CQR relies on consensus among the research team and analyzes the words of the participants for the data, instead of numbers. From a constructivist perspective, Hill et al (2005) argues that CQR methods rely on multiple versions of the truth that are constructed by a participant’s experiences. In addition, CQR relies on the relationship between the researcher and the participant because the researcher is learning about a phenomenon from the participant, and the participants are exploring their experiences with a phenomenon based on the researcher’s questions (Hill et al., 2005). Because the participants are elementary school counselors, I anticipated that they would have some similar experiences, but that they would also have unique experiences in working with students with EBD and the access that they have had to training in their professional

development. I aimed to find commonalities between individual experiences through the use of the CQR's step-by step process: use open-ended questions in a semi-structured interview, have several members of a research team to serve as judges in data analysis, obtain consensus on the meaning of the data from the judges, have one auditor to reduce the impact of groupthink, and present domains, core ideas, and cross-analyses in the data analysis (Hill et al., 2005).

### **Site selection, Criteria, and Justification**

Hill et al. (2005) recommends recruiting a homogenous sample of participants who are knowledgeable about the phenomenon under investigation. Because school counselors' duties can vary greatly among elementary, middle, and high schools; I recruited participants who work as school counselors in elementary schools to ensure a homogenous sample and focused on the experiences and training of elementary school counselor specifically (Patton, 2002). Students with EBD have low graduation rates, but early identification and support services have been identified as ways to reduce drop-out rates for students with EBD (Eklund et al., 2009; Xurvein, 2015). Because of these previous research findings, elementary school counselors throughout the United States were recruited using personal contacts, a listserv for a southeastern educational conference, and a social media group of elementary school counselors in order to examine the varied perspectives of different regions of the US. The interviews were conducted over the phone, but the participants were asked about the individual schools (the site) that they currently work in. I aimed to recruit at least 50% of my participants from Title I schools to represent disadvantaged schools, because the U.S. Department of Education (2019) reported that in the 2015-2016 school year 69% of elementary schools

received Title I grant funding. In summary, recruiting elementary school counselors helped ensure a homogenous sample, and the use of phone interviews allowed me to recruit participants from different geographical regions (Patton, 2002).

### **Participant selection, criteria, and justification**

For my study, I used purposive sampling methods by recruiting participants using criterion-based and snowball sampling methods (Creswell, 2008; Patton, 2002). The participants had to meet the following criteria: previous work with students with EBD, minimum two years of employment, currently work as an elementary school counselor in a school that has implemented a school-wide MTSS framework, and training from a CACREP-accredited program. Because the focus of the study is the experience of the participants' work with students with EBD, the participants also had to have experience providing school counseling services to a student with EBD in an elementary school setting and as a school counselor. In addition, the participants must have been employed as an elementary school counselor for a minimum of two academic years to ensure that they have had experiences with developing behavioral plans and working with students with EBD in a long-term capacity. In addition, because I will be asking questions related to using MTSS with students with EBD, the participants must currently work in a school that has implemented a MTSS framework and uses tiered interventions. Because I asked about the participant's graduate school training, participants had to have graduated from an accredited school counseling program. As stated earlier, I used snowball sampling by utilizing using personal contacts, a listserv for a southeastern educational conference, and a social media group of elementary school counselors to recruit a homogenous sample of participants who meet the criteria for the study. I aimed to recruit 8-14 participants based

on the recommendations of Hill et al. (2005) to ensure more in-depth data and stability of the results. I initially recruited and interviewed ten participants for my study, but one participant's interview was excluded from the data analysis, because she reported during the interview that she was a mental health counselor who provided services within a school setting. The final number of participants for my study was nine.

### **Data Collection Procedures**

After recruiting participants, I used electronic communication to send the demographic form and the interview questions so that the participants could prepare for the interview. The participants' transcribed interviews and demographic forms were labeled with a numerical identifier. The codebook for the participant's name and number was saved on a password protected document, and only I had access to the password. I conducted phone interviews that were recorded. With phone interviews, I was able to recruit from multiple geographical locations throughout the US to study the different experiences of elementary school counselors. The phone interviews followed semi-structured format that allows for follow-up questions to participants' responses and provide time for the participants to give detailed responses more so than a questionnaire (Hill et al., 2005).

### **Instrumentation**

#### ***Demographic Form***

The demographic form was used to collect identifying information from my participants (Appendix D). The demographic form asked for the participants to disclose their age, gender, race, years working as a school counselor, the name of their graduate program, previous teaching experience, and previous behavioral training from their

school districts. To establish face validity, the external auditor reviewed and approved the demographic form before it was administered to the participants.

### ***Semi-Structured Interview***

I developed the interview questions and the interview protocol by following the guidelines of Hill et al (2005). The participants were interviewed at one point in time, and the participants were informed that the interviews were expected to last from 45 minutes to one hour. I used a semi-structured over a structured measure to allow for follow-up questions and elicit in-depth responses from participants. The interview questions are provided in Appendix E.

### **Data Analysis**

Following the guidelines of Hill et al (1997; 2005) and Hill & Knox (2021), the research team conducted data analysis with the transcribed interviews and develop domains, core ideas, and categories. Then, the research team conducted cross-analysis to determine the frequency of the themes that were presented by the participants.

### ***Domains***

To begin, the research team establishes a start list of domains that they expect to see in the raw data based on previous literature and reviewing the interview questions. Then, the research team then codes the first interview together to establish protocol and meets after coding the second and third interviews independently. For coding the first three interviews, team members are encouraged to add any domains to the start list that they feel are justified based on the raw data and reach consensus on the coding of the raw data. After coding the initial three interviews, each member of the research team condenses and synthesize the domain list. The research team then codes two more

interviews with the condensed domain list. After concluding that consensus has been met on coding the raw data within the established domains, the remaining interviews are divided between the research team to independently code under the revised domain list. The research team then meets to review the coding and the domains to arrive at consensus. After all the interviews have been coded, the first three interviews are re-coded with the revised domains. When the team reaches consensus on the domains, they can begin constructing core ideas (Hill et al., 1997).

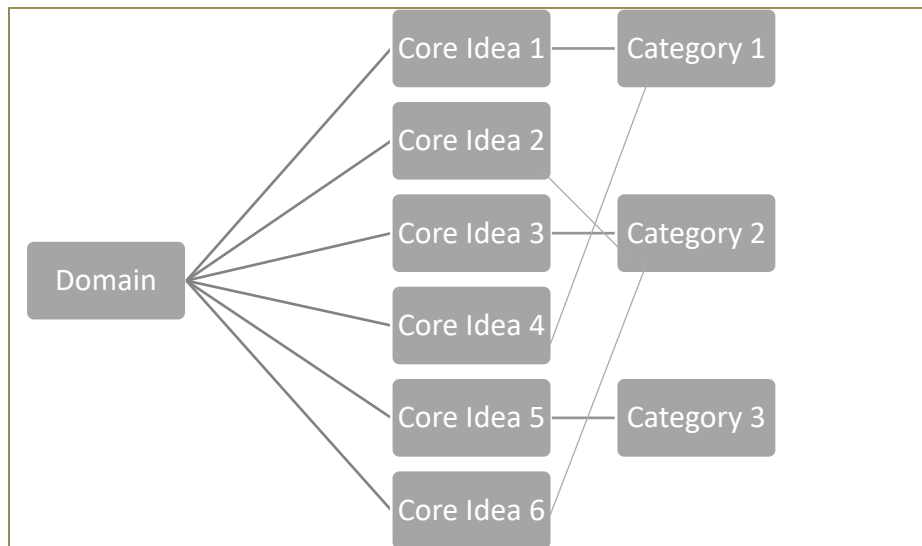
### ***Core Ideas***

Once the domains are established, the research team identifies the core ideas by evaluating the raw data within each domain and writing an abstract for each case that accurately and concisely summarizes the participant's words (Hill et al., 1997; 2005). The research team establishes core ideas for two of the domains independently. Then, the research team meets and compares the summaries for each case to establish the core ideas by coming to consensus (Hill & Knox, 2021). After consensus is reached on the initial two domains, the remaining core ideas can be completed by two members of the research team, and the rest of the research team can come to consensus on the core ideas as internal auditors (Hill & Knox, 2021). When the core ideas are developed, the research team can start cross-analysis to establish categories that describe-consistencies within domains and across cases- the final step of the CQR process (Hill et al., 1997; 2005).

### ***Cross Analysis***

Continuing to follow the guidelines of Hill et al. (1997; 2005) and Hill and Knox (2021), the research team develops categories from the domains and core ideas by brainstorming the best terminology to represent the themes presented in the data.

According to Hill et al (1997), the cross-analysis of the data is a discovery-driven process where categories are developed from the data versus preconceived beliefs held by the research team. After the categories are developed, Hill and Knox (2021) recommend labeling all of the categories based on frequency: general, typical or variant. A “general” label means that the category was present in all or all but one of the cases. A “typical” label reflects that the finding was found in at least 50% of the cases, and a “variant” label refers to the finding only being present in at least two cases. Findings that were only found in one case should be coded into a miscellaneous category and not reported in the final data analysis (Hill et al., 1997). Then, cross analysis should be used to identify frequencies within the data, as illustrated in Figure 1.1.



**Figure 1.1. Cross-analysis process for identifying frequencies in data (Limberg et al., 2013).**

The raw data should be continually reviewed as frequencies and judgments are made on the data. To reduce groupthink, an external auditor should review final revisions to the data. Participants should also review their transcribed interviews and the final results for member checking (Hill et al., 2005).



## **Positionality statement**

Because qualitative research can be influenced by the biases of the researcher, I recorded my positionality and biases before starting data collection for my study. The positionality of the research team is presented in Chapter 3. Within the context of my study, I am a white, middle class, heterosexual female. I grew up in a low-socioeconomic status household and that may have impacted my experiences with the students that I have worked with. I frequently work with school counselors, and the majority of them have been white and all female. While I aimed to have diverse representation of participants in my study, the majority of my participants are female and white. My previous experiences working in schools with students with EBD is a strength of my study. I have worked in multiple school environments in different positions, and I am aware of many of the duties that school counselors have. Because all of my participants graduated from accredited school counseling programs, the participants and I have the same core counseling curriculum and only differ in our concentrations and counseling theory. However, I have never been a school counselor. Furthermore, even though I have experience in multiple school environments, I have not worked in any of my participant's schools, and each school has its unique challenges and strengths. Although I tried to ensure a safe environment for the phone interviews, my participants may not feel comfortable sharing about negative issues at their school. Finally, while I have noted a potential gap in school counselor preparation, I have not conducted a full program evaluation of a school counseling program's curriculum to confirm a deficit in behavioral training.

## **Situated Knowledge and Related Assumptions**

After I received my master's in education in clinical mental health counseling in 2015, I was hired by a community agency as a behavioral specialist, and I had this position for two years and worked in two elementary schools and one middle school. My position was to provide daily mental health support to student with severe mental health disorders through classroom support and individual, group, and family counseling. My referrals for services came from the school counselor when a student, usually with EBD, had several suspensions for behavior. As I worked within these school settings and talked with trained school counselors, I realized they were not prepared in their graduate programs for developing or implementing behavioral interventions and working with children with behavioral issues, but school administrators expected them to. School counselors are considered stakeholders for working with students with EBD and are often expected to collect data, develop and monitor interventions, advocate for change, collaborate, and provide community referrals when additional services are needed (Goodman-Scott et al., 2016). However, school counselors are often not trained to complete these tasks (Kiper Riechel et al., 2020). I assumed that the majority of my participants would lack formal training in working with students with EBD and developing evidence-based behavioral interventions, and most of their training about working with students with EBD was learned in their position.

## **Terms and Definitions**

In examining the experiences of school counselors, it is important to operationalize some of the key terms that are discussed within my study, such as:

emotional/behavioral disorders, Multitiered Systems of Support, behavioral interventions, and positive reinforcement.

### **Emotional/Behavioral Disorders**

When discussing students with EBD, I utilized the Individuals with Disabilities Act (2004) criteria for emotional/behavioral disturbance which states that a student must exhibit one of five criteria for a long period of time and that these behaviors impact the child's academic performance:

(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors. (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. (C) Inappropriate types of behavior or feelings under normal circumstances. (D) A general pervasive mood of unhappiness or depression. (E) A tendency to develop physical symptoms or fears associated with personal or school problems. (Sec. 308.c.4)

### **Multitiered Systems of Support**

Multitiered Systems of Support (MTSS) is a model that has been implemented in thousands of schools in the United States to provide support to all students through a 3-tiered framework: (tier 1) universal, (tier 2) targeted, and (tier 3) intensive interventions (Bettors-Bubon & Donohue, 2016). If students do not respond to universal interventions that apply to all students, they receive additional services provided at tier 2 or 3. Students with EBD often do not respond to universal interventions and receive targeted or intensive interventions.

## **Positive Reinforcement**

Positive reinforcement is the presence of a stimulus that increases the likelihood that an identified behavior will occur again (Prochaska & Norcross, 2014). These behaviors can be positive or negative and can happen naturally within the environment or be a part of a behavioral plan. Within my study, positive reinforcement will be referred to as the rewards that school counselors provide to students with EBD when they engage in target behaviors established in their individualized education plan (Bunch-Crump & Lo, 2017).

## **Study Implications**

### **Ethical issues**

One of the main ethical issues for my study was the identification students with EBD by the participants. The participants were asked to share about their experiences but not use any identifiers for students that they work with for the study. While the study collected regional demographic information, the schools that the participants work at were not identified nor the participants' names to reduce this ethical issue. Only I, as the primary investigator, had access to the codebook with the participants' names.

In recruiting participants, there is a slight possibility that a member of the research team knew one or more the participants personally. If a member of the research team recognizes one of the participants from the recorded interview, they were asked to keep the content of the recording confidential and not speak with the participant about the interview. Again, the likelihood of this ethical dilemma was reduced by providing a numeric code for each participant.

## **Risks and benefit**

The risks for participating in my study were considered low. Participants completed a demographic form and a phone interview, which was labeled with a numeric code. During the interviews, the participants may have shared negative views of their graduate programs or school districts. However, specific graduate program or school districts names were omitted from the results of the study to minimize the risk to the participant. Participation was also voluntary, and the participant could refuse to answer any question asked. The research team provided each participant a copy of the informed consent to ensure that the participant is aware of their rights as a participant (Appendix C). In regard to the benefits, my study will- hopefully- help reform school counseling graduate programs to provide more in-depth training for future school counselors and better prepare them for working with children with behavioral needs.

## **Limitations/Considerations**

Although Hill et al. (1997) provides step-by-step instructions for utilizing CQR, Stiles (1997) cautions that there are factors that need to be considered when utilizing a CQR design. For one, Stiles (1997) argues that if there are multiple “truths” it may not be possible for the research team to reach a consensus without changing the interpretation of the participant’s response to match another participant which may lead to research bias influencing the data. Additionally, even though CQR research teams make note of their biases, Stiles (1997) argues most research teams are composed of faculty and graduate students from the same program who are unaware of implicit biases that they may have on the given topic and if primary team members were included from other disciplines additional biases may be noted. In addition, Barden and Cashwell (2014) note that

because CQR utilizes a small sample size, there may be a lack of diversity between participants. Barden and Cashwell (2014) also argue that participants may be influenced by social desirability to provide responses that they assume the research team is seeking or that portrays the participant in a positive manner. My participants may have felt pressured to provide the “right” answer and not share difficulties that they have within their position. I hope that I created a safe environment during the interview for an open and honest dialogue by also ensuring confidentiality for the participant. In my experience, school staff sometimes have negative opinions about researchers from a university and a belief that researchers give a lot of suggestions for schools but do not provide comprehensive solutions for schools to utilize or do not understand their school’s unique environment. Because this is a qualitative study about their experiences and not a quantitative study on the significance of an intervention, I hope that my participants were comfortable expressing their opinions about the interventions that they have utilized.

### **Significance/Contributions**

My dissertation adds to the literature by gaining school counselors’ perspectives on behavior identification, planning, implementation, and outcomes. School counselors are a part of each stage of a behavioral plan for students with EBD and provide support to students, families, and teachers in the IEP process. The experiences of school counselors need to be included in future research in the development of evidence-based practices for working with students with EBD and the development of school-wide MTSS models. Because school counselors are also stakeholders in the development and implementation of MTSS and behavioral planning, my dissertation may guide future research for school

counseling graduate programs and providing increased training in behavioral interventions and working with students with EBD within their courses of study.

### **Brief Overview**

In summary, my dissertation evaluates the experiences of elementary school counselors working with students with emotional/behavioral disorders (EBD) and using Multitiered Systems of Support (MTSS). The data from transcribed interviews was analyzed using Consensual Qualitative Research (CQR) methodology developed by Hill et al., (1997; 2005) and updated by Hill and Knox (2021). In the subsequent chapters, I included a literature review, methodology and procedures of my study, results obtained from analyzing the data, and discussion of limitations and implications for counselor education programs and future research.

## CHAPTER 2

### A LITERATURE REVIEW

As stated in chapter 1, over 350,000 students have been diagnosed with an emotional/behavioral disorder (EBD) in the United States and receive special education services in public schools in the United States (USDOE, 2019). Students with EBD are less likely to graduate from high school than students with any other disability (Reid et al., 2004). In this chapter, I provide a thorough literature review on the definition of Emotional/Behavioral Disorders and the prevalence and academic outcomes of students with EBD. I also present the theoretical framework used to support the use of Behaviorism within MTSS models to work with students with EBD and the utilization of cognitive and experiential learning theories in school counselor preparation programs that influenced the development of the qualitative study presented in my dissertation.

#### **Students with Emotional Behavioral Disorders**

According to the Individuals with Disabilities Act (IDEA, 2004), a child must meet one or more of five criteria for a long period of time, and the symptoms must impede the child's academic learning, in order to be identified as having an Emotional Disturbance (or emotional/behavioral disorders). Emotional/behavioral disorders (EBD) are characterized by a child's inability to appropriately respond socially, academically, or emotionally to a situation to such a degree that it negatively impacts the child's functioning in their family, school, or community (Brauner & Stephens, 2006). The Center for Disease Control and Prevention (CDC, 2018) estimates that one out of seven



children between the ages of 2-8 meet the criteria for a mental, behavioral, or developmental disorder. In identifying students with EBD, non-compliant and disruptive classroom behaviors often associated with EBD are usually identified as hyperactivity, aggression, withdrawal, immaturity, and/or learning difficulties (Council for Exceptional Children, 2018; Landrum et al., 2003). In addition, many students with EBD have deficits in social skills (Kern et al., 2015).

### **Prevalence of EBD**

In the 2017-2018 academic year, 353,000 students received special education services in public schools in the United States for EBD, about .7% of the overall student population and 5% of students with disabilities. However, it is difficult to determine how many students meet the criteria for EBD if they do not receive services. Although students with EBD represent about 1% of the student population, Mihalas et al. (2008) estimated that 2-4% of the overall student population meets the criteria for EBD but never receive services. Forness et al (2012) estimates that 20% of the student population meets the criteria for EBD at some point in their academic career, including mild cases. However, Forness et al. (2012) also states that only about 2.5% of the student population receive special education services for EBD, accounting for the 1% of students diagnosed with EBD and an estimated 1.5% of students who receive special education services for another disorder that is comorbid with EBD. Ringeisen et al (2017) compared findings from five different longitudinal studies that measured prevalence of children and adolescents identified with severe EBD and found that the prevalence for severe EBD in the student population ranged from 4.3-11.6% of the overall student population.

## **Minority Students with EBD**

In the identification of students with EBD, there is also a racial disproportionality (Bai et al., 2019). Minority students have a higher likelihood of being identified with EBD, but they are less likely to receive mental health services (Merikangas et al., 2011). African American students comprised less than 20% of the student population in public schools, but African American Students represent over 25% of students who receive special education services for EBD (McKenna, 2013; Reid et al., 2004). Bai et al (2019) analyzed school discipline records and identification rates of students with EBD in the state of Wisconsin and found that African American students were seven times more likely to receive exclusionary discipline from their school for behavior. Native American and Latino students were two times more likely than white students to receive exclusionary discipline, and both African American and Native American students were three times more likely to be identified with EBD than white students (Bai et al., 2019). Additionally, minority adolescents are less likely to receive mental health services than their white students (Merikangas et al., 2011).

## **Academic Outcomes for Students with EBD**

Students with EBD have lower academic achievement than students without disabilities and are more likely to develop a substance use disorder (USDOE, 2014). Students with EBD often display behaviors in school that are disruptive, non-compliant, and/or aggressive (Lane et al., 2012). IDEA (2004) requires that students who have been suspended for more than 10 days must have an individualized education plan (IEP) that offers accommodations or interventions to reduce negative behaviors that impact the student's academic progress. Despite this federal mandate, students with EBD often have

limited access to mental health services (Catron & Weiss, 1994; Huscroft-D'Angelo et al, 2018; US DOE, 2014). Students with EBD are 50% less likely to graduate than students without disabilities (Reid et al., 2004; USDOE, 2014). Kern et al (2019) evaluate IEP accommodations for students with emotional/behavioral issues. The research team surveyed 222 high school students who had an IEP for emotional/behavioral problems. The participants completed four assessments: three were related to behavior or emotion and one measured achievement in reading, writing, and math. Kern et al (2019) found that students were more likely to receive in-class accommodations but receive no accommodations for standardized testing. In addition, Kern et al (2019) noted no relationship existed between behavior and academic functioning and found that implemented accommodations were often inconsistently administered. In the 2016-2017 academic year, 37,891 students with EBD exited the public school system, but only 22,017 (58.1%) of these students graduated with a regular diploma. In comparison, 70.9% of all students with an identified disability graduated with a regular diploma and 85% of the total population of exiting high school students graduated in the same academic year. Thirty-five percent of students with EBD who exited public schools dropped out (national dropout average is 5.3%), and six percent of exiting students with EBD earned an alternative certificate (USDOE, 2019).

### **Services for Students with EBD**

Although students with EBD often need additional support services, they often do not receive them (George et al., 2018; Merikangas et al., 2011). In 2011, Merikangas et al published the results of a longitudinal study about services provided for adolescents with mental health disorders. The research team recruited 6,483 adolescents between the ages

of 13-18 with an identified mental health disorder. Only about one-third (36.2%) of the participants reported receiving mental health services. Participants were more likely to receive services if they had a behavioral disorder (45.4%), but Merikangas et al (2011) also reported that nearly 50% of adolescent participants diagnosed with a mental health disorder never received any mental health services or support. Similarly, George et al (2018) surveyed 647 high school students who had reported emotional/behavioral problems and school impairment. Sixty-nine percent of the participants did report receiving one service, but students who were white or received special education services were more likely to report having received services. The majority of the participants reported not receiving any services until early adolescence (George et al., 2018). When students do receive treatment, an estimated 70-80% of them only receive services through their local school (Farmer et al., 2003; Kutash et al., 2015; Mihalas et al., 2008). The findings of these studies highlight the need for more comprehensive school-based services for students with EBD in order to improve academic outcomes.

### **Providing School-based Services to Students with EBD**

In supporting students with EBD, it is important to consider school counselors experiences working with students with disabilities and the development of Multitiered Systems of Support (MTSS) to encourage students to utilize pro-social behaviors through tiered interventions.

### **School Counselors and Working with Students with Disabilities**

In reviewing previous literature about the impact of school counselors working with students with EBD, there is limited research, so I focused on evaluating previous research about school counselors' experiences working with students with disabilities in

the school setting. Myers (2011) conducted a qualitative ethnographic study with three elementary school counselors and their work with students with disabilities. All three of the participants worked on the East coast of the United States and had worked as an elementary school counselor for a minimum of four years. The study was conducted over a 12-week period with open-ended survey questions, three interviews, and participant journaling. The participants all noted challenges that many students with disabilities face: deficits in social skills, behavior, and low self-esteem. When asked about services that they provided to students with disabilities as a school counselor, the participants reported that they serve as an advocate, provide training, collaborate, use group counseling, and communicate with others. The participants also noted working weekly with students with disabilities through individual and group counseling and guidance lessons. When asked about factors that influence their work with students with disabilities, the participants noted time restrictions in the school day to pull students out of the classroom for services and collaborating with the special education teacher to ensure services are provided that are in the IEP. The participants also reported a need to collaborate with other staff members to learn about the specific needs that students with disabilities have (Myers, 2011).

In evaluating pre-service school counselors' perceptions about working with students with disabilities, Alvarez et al (2020) conducted a qualitative study with nine participants. All of the participants were students in a school counseling graduate program the Midwest, had completed a practicum in a school setting, and had completed a course in working with diverse populations. The participants completed a semi-structured interview with the primary investigator and were asked questions about their

experiences working with students with disabilities, their knowledge about disabilities and disability culture, reasons that they wanted to be a school counselor, and their preparation thus far in working with students with disabilities. Three themes were identified from the transcribed data: pre-service school counselors (1) are not prepared to work with students with disabilities, (2) only have a surface knowledge of disability culture, and (3) were interested in learning more about disability culture. Most of the participants reported having little involvement with working with students with disabilities at their site placement because most services were provided by the special education teacher instead of the school counselor. While the role of the school counselor can vary in providing services to students with disabilities, Mitcham et al (2009) argues that school counselors are advocates for promoting change to support students with disabilities. With this in mind, it is important to consider the experiences of school counselors as stakeholders in the development and implementation of services.

### **Multitiered Systems of Support**

Additionally, throughout the United States, school-wide MTSS models have been implemented with the goal of providing support to all students by decreasing behavioral incidents and referrals and increasing academic success as a by-product (Betters-Bubon & Donohue, 2016). The MTSS model is founded on the Behaviorism principle of positive reinforcement. As positive behaviors are rewarded, they will increase, and negative behaviors will decrease as students realize that they do not result in a reward (Todd et al., 2008). The Positive Behavior Intervention System (PBIS) is one MTSS model that has been developed and implemented in over 22,000 schools (Betters-Bubon & Donohue, 2016). For schools that implement a school-wide PBIS program, a three-tier

model of behavioral support is developed: tier 1 (universal), tier 2 (targeted), and tier 3 (intensive). Tier 1 interventions are designed to meet the needs of 80-85% of the student population. For the second and third tiers, students who do not respond to the universal tier are provided support in tier 2 and, if not successful, tier 3 (Martens & Andreenn, 2013). Tier 2 interventions are small group interventions designed for 10-15% of the student population, and tier 3 interventions are developed for around 5% of the student population who did not respond to interventions in tiers 1 or 2. In the later tiers, school counselors engage in development of targeted and intensive behavioral plans for students including check-in/out (CICO), small groups that promote social and emotional learning, and academic instruction groups (Bunch-Crump & Lo, 2017; Martens & Andreen, 2013; Smith et al., 2018). MTSS models rely on a behavior team to monitor and track behavioral and academic data to identify students who need additional support offered in tiers 2 and 3 (Bruhn & McDaniel, 2021). The behavior team should include members with behavioral experience, knowledge of students, and administrative authority. Usually, MTSS teams include a school counselor, administrator, teacher, school psychologist, and data specialist (Belser et al., 2016). The team should meet regularly (at least monthly) with at least 80% of the team in attendance to review behavioral data, address concerns, and monitor progress (Bruhn & McDaniel, 2021). According to Belser et al (2016), the team evaluates the needs of the school, organizes a plan of action, and implements universal screening. Then, the team evaluates the behavioral data and places students in tiers based on risk level. Data-driven services are implemented with continued progress monitoring. Follow-up meetings are conducted to evaluate student progress, regression,

or maintenance and adjust student's tier level accordingly. The MTSS team also notes effective and ineffective strategies for future cases (Belser et al., 2016).

### ***Universal Interventions***

For tier 1, universal interventions are designed to be implemented school-wide, providing access for all students (Martens & Andreen, 2013). Each school develops their own behavior expectations to reinforce, typically 3-5 expectations that use an acronym to make it easier for students to remember (Weist et al., 2018). Behavioral data is collected for all students to identify students who may need more support, typically 10-15% of the student population (Bruhn & McDaniel, 2021). In addition, the school should have a social emotional learning (SEL) curriculum that is taught to all students to teach pro-social behaviors (Weist et al., 2018). Osher et al. (2014) evaluated Cleveland's Metropolitan School District's use of school-wide policy changes for the 2010-2011 school year. The school district utilized an evidence-based SEL curriculum in all schools, developed student support teams, and designed "planning centers" to replace in-school suspensions. Compared to the 2008-2009 academic year, the district reported reductions in disruptive/disobedient behaviors, fighting/violence, harassment/intimidation, and bodily injury (Osher et al., 2014). In addition, the school district reduced out-of-school suspensions by 58.8%. Schools that had higher fidelity rates for implementing the district programs displayed lower rates of discipline referrals. Osher et al (2014) argues that for school districts that implement district-wide policy changes that promote SEL competencies will not see positive outcomes from these policies for a few years until the "culture" within the district changes. In another study, Bierman et al. (2010) conducted a multi-year study on the effectiveness of a school wide SEL curriculum over time with



2,937 elementary students as participants in three clusters of elementary schools in different geographical locations in the United States. Participants were either in an SEL school or control school for comparison. Teachers in the SEL school were trained in the curriculum and provided support in implementation. According to teacher and peer reports, participants in the SEL school had lower rates of aggression and higher rates of prosocial behavior at the end of the three-year study. In addition, teachers in the SEL school reported higher rates of academic engagement (Bierman et al., 2010).

Furthermore, Schonert-Reichl et al. (2015) compared two SEL curriculums in four elementary classrooms with 99 elementary students. Two of the classrooms received 15 social responsibility classroom lessons with no mindfulness intervention, and the other two intervention groups received 15 SEL-based classroom lessons with mindfulness activities that were reinforced three times throughout the day in the participants' classrooms. Participants in the SEL/mindfulness group reported greater empathy and a decrease in depressive and aggressive symptoms. Participants also reported their peers as displaying more prosocial behaviors (Schonert-Reichl et al., 2015).

Although universal interventions have proven effective in reducing school-wide behavior, students with EBD typically do not respond to tier 1 interventions and usually receive tier 2 or tier 3 interventions (Weist et al., 2018). Because of the significant impact that tier 1 interventions can have on school discipline records, school-wide universal interventions have been recommended in order to promote the development of social-emotional learning competencies for all students. Because students with EBD often do not respond to tier 1 interventions, they may need to receive targeted interventions.

### ***Targeted Interventions***

When students do not respond to tier 1's universal interventions, targeted interventions are developed to help modify behavior (Martens & Andreen, 2013). Students at tier 2 are expected to still follow the universal behavioral expectations but may have up to five identified targeted behaviors (Weist et al., 2018). Bruhn and McDaniel (2021) argue that tier 2 interventions should already be developed and actively in place in school settings, so that they are easily accessible for students (within 2-3 days of a student being identified). Tier 2 interventions also should work in the classroom setting without drastically modifying the class routine, and only take a few minutes a day for a teacher to implement (Bruhn & McDaniel, 2021). Tier 2 interventions may utilize the same tier 1 interventions for students but may offer a higher rate of rewards to reinforce the same behaviors. In addition, tier 2 interventions administered by school counselors often include social skills small groups, parent/teacher meetings, teacher/student mentorship, and/ or individual counseling with students who have escaped-based behaviors (Bruhn & McDaniel, 2021; MacLeod et al., 2016; Martens & Andreen, 2013). For students with EBD, Steiner et al. (2013) conducted a study to measure the impact of a mindfulness yoga intervention with elementary students with EBD in an urban elementary school. Steiner et al. (2013) had 37 participants (ages 8-11) that were in the fourth or fifth grade. All participants had been enrolled in the school for a minimum of two years and received special education services for EBD. The participants received the yoga intervention twice a week for one hour in small groups of 7-10 participants for three and a half months with a certified yoga instructor. The intervention used the Yoga Ed curriculum which combines yoga exercises with a social emotional

learning curriculum to teach children self-control and emotional regulation. The participants, their teachers, and their parents completed pre- and post-intervention assessments. The participants had an average attendance rate of 90%. By the end of the study, teachers reported a significant decrease in problematic behaviors and depressive symptoms. The teachers also reported an increase in attention in the classroom and an increase in adaptive skills. No significant results were found in the evaluating the pre- and post-assessments of the participants or their parents. When asked about their satisfaction with the intervention, 100% of teachers and participants reported satisfaction with the intervention, and 72% of parents reported noting positive changes in their child as a result of the intervention. In follow-up surveys, 64% of the teachers reported that they wanted the yoga intervention to continue, but 63% of the teachers also noted that it was a challenge for the participants to miss an hour of class twice a week (Steiner et al., 2013).

Although tier 2 interventions can help to reduce problem behaviors, tier 2 interventions can vary greatly in time and personnel required to implement the intervention (Bruhn & McDaniel, 2021). For example, Check-in/out (CICO) is a common targeted behavioral intervention for schools to include in an IEP that seeks to reduce problem behaviors by reinforcing positive prosocial behaviors through daily behavior reports (Bunch-Crump & Lo, 2017; McIntosh et al., 2009). CICO provides students more structure throughout the school day, an opportunity to receive more feedback, and fosters a relationship with an adult mentor; but it also involves multiple steps (McIntosh et al., 2009). According to Crone et al. (2010), CICO has a five-step process: (1) the student checks in with a designated school staff member in the morning. (2) The student receives

written feedback on behavior throughout the day on the daily behavior report. (3) The student checks out with their designated staff member at the end of the day. (4) The daily behavior report is sent home with the student for parental review and signature. (5) The daily behavior report is returned to the designated staff member the next day. Although CICO takes time and staff resources, it is an evidence-based intervention for modifying behavior by tracking progress and rewarding positive behavior. McIntosh et al. (2009) conducted a study using CICO with 34 elementary students who were not responding to universal interventions. The participants attended one of six elementary schools in the Pacific Northwest region of the United States. All of the schools had implemented a school-wide PBIS program, and the participants were referred for the intervention by their teachers. The 34 participants were either identified as having attention-maintained behaviors (18) or escaped-maintained behaviors (16). All school staff involved in administering the CICO intervention attended a 2-hour training. In four of the six schools, the school counselor was identified as the program coordinator and the participants' mentor. In the other two schools, these responsibilities were completed by a special education teacher and an education aide. The participants' teachers completed pre- and post-test measures and disciplinary records for the participants were evaluated 8 weeks after the start of the intervention. Multivariate analysis of variance (MANOVA) was conducted with the data from the assessments, and CICO was found to be significantly successful for reducing attention-seeking behaviors, reducing disciplinary referrals, and increasing pro-social behaviors for students in the attention-maintained behaviors groups. However, there were no significant results for using CICO with the participants in the escaped-maintained behavior group.

Additionally, Bunch-Crump and Lo (2017) conducted a single case multiple-baseline design utilizing self-monitoring CICO with four participants who had identified disruptive behaviors. The participants were in between the ages of 9-11 years old and attended a Title I elementary school in the Southeast region of the United States. In the baseline phase, the participants received the school-wide universal interventions and behavior was monitored. At the beginning of the CICO intervention phase, the assistant principal at the school implemented the CICO intervention and trained the CICO facilitators- a special education teacher and a reading instructor. The participants also met with the assistant principal to discuss the procedures for the CICO intervention and learn appropriate ways to accept feedback. Throughout the school day, the participant and their teacher completed the CICO form. If a participant did not respond to the CICO intervention, the primary investigator completed an FBA with that participant, and they would receive the CICO intervention with a self-monitoring intervention. One participant qualified to receive the more intensive self-monitoring intervention, but the other three participants had a reduction in their disruptive behaviors and increased academic engagement when the CICO intervention was introduced. Bruhn and McDaniel (2021) assert that tier 2 interventions must be implemented consistently and with fidelity in order to see positive outcomes in behavior modification. However, some student may not respond to tier 2's targeted interventions either and need tier 3 services.

### ***Intensive Interventions***

If a student does not respond to the tier 2 interventions, the students moves to the third and final tier of MTSS- intensive interventions. Tier 3 interventions are tailored to the student's unique needs and usually have a Functional Behavioral Assessment (FBA)

to develop a behavioral plan and to assess why the behavior is occurring (Chen et al., 2021; MacLeod et al., 2016). An FBA is designed to determine the “function” of a behavior through observations of the student in various settings, occurrence of alternative behaviors, and antecedents and consequences that influence and maintain disruptive behaviors (Gage et al., 2012). However, FBA’s have no standard procedures for implementation or qualifications of assessors (Gage et al., 2012). According to Chen et al (2021), a behavior team should develop intensive interventions that are flexible and innovative by first seeking to understand the student, the problem, and the social context. Second, the behavior team should select and/or develop elements from a “toolbox” of evidence-based interventions with the goal of addressing an individual student’s needs. Finally, the behavior team implements the plan and makes modifications as necessary depending on student response. According to MacLeod et al (2016), tier 3 interventions are often developed by modifying tier 2 interventions by taking into account the results of the FBA.

In 2016, MacLeod et al reviewed modified CICO interventions with four participants in an urban elementary school in the western United States using a single-case multiple baseline design. The participants were between the ages of 7-11 and Caucasian males. The participants had to have utilized CICO for at least three weeks with inconsistent progress towards behavior goals and received at least one office referral. All four participants had an IEP. The principal investigator completed an FBA for each participant. Members of the research team also completed 20-minute direct observations with 10-second intervals to establish baseline data behaviors. Interobserver agreement was collected for 30% of the direct observation sessions and averaged 87% agreement.

The research team then modified the participants' CICO daily behavior chart based on the FBA and met individually with the student and teacher for 1-2 sessions to explain the new CICO intervention and procedures. During the intervention phase, direct observations of the teacher were conducted three times to ensure treatment fidelity. Three of the four teachers had treatment fidelity over 80%. The fourth teacher had a treatment fidelity of 78%. All four participants displayed significantly lower problem behaviors once the function-based CICO intervention was implemented at staggered intervals. In addition, all of the participants had fewer office discipline referrals with two of the participants having zero office referrals during the interventions phase. The implications of this study reinforce the need for an FBA to determine the underlying triggers for behavior before modifying tier 2 interventions for tier 3 (MacLeod et al., 2016).

### ***School Counselors and MTSS***

Within MTSS models, school counselors are considered stakeholders in the development and implementation of this school-wide framework (Betters-Bubon & Donohue, 2016; Ockerman et al., 2012). Betters-Bubon and Donohue (2016), both school counselors who implemented school-wide PBIS programs, reported that while training and implementation of a PBIS program was a time-intensive process; overall, there was a significant decrease in referrals over the next three years in their respective schools. Weist et al (2018) argues that MTSS models should utilize PBIS strategies with expanded school mental health resources for students. The American School Counselor Association (ASCA, 2018) has also supported MTSS models and views school counselors' as an integral part of behavior planning for the student body as a whole and for individual students. According to ASCA (2018), MTSS are data-driven, comprehensive programs

that school counseling guidance programs use to provide support to all students and address the needs of students who need individualized interventions for academic and behavioral issues. Although ASCA supports school-wide MTSS, there are no set standards or guidelines that establish a framework for training school counselors to implement (Goodman-Scott et al., 2016; Ockerman et al., 2012). Sink (2016) argues that the MTSS model aligns with ASCA standards for practice and has advocated for counselor education programs to incorporate MTSS training for all pre-service school counselors to prepare them to enter the field. Sink (2016) recommends that counselor educators need to audit their school counseling programs and ensure that pre-service school counselors are trained in utilizing MTSS by either modifying existing course curriculum or creating a designated class for MTSS. In particular, Sink (2016) notes that MTSS training for school counselors needs to ensure four components: (1) assessment, data usage and research; (2) general knowledge and practices; (3) specific interventions; and (4) systems work.

Similarly, Goodman-Scott et al (2016) reviewed previous research on MTSS and found that school counselors were responsible, in many cases, for implementing and maintaining PBIS by “collecting data, communicating with stakeholders, utilizing data to meet school needs, create and monitor PBIS interventions, and engage in systematic change and advocacy (p. 58).” Goodman-Scott et al. (2016) argue that school counselors need a framework that integrates the ASCA model, comprehensive programming, and tiered interventions for all students. Besler et al (2016) also noted that school counselors are an integral part in service delivery for MTSS models. At tier 1, school counselors align their comprehensive school counseling program with MTSS by providing SEL



guidance lessons or school-wide rallies, organizing reward events, and gathering data for targeted or intensive interventions as part of a collaborative team. At tier 2, school counselors often provide group counseling or individualized interventions (e.g., CICO) for students who need additional support. At tier 3, the school counselor's role can vary greatly, from a consultant to providing direct services (Belser et al., 2016). Tier 3 counseling interventions can include individual counseling, mentorship, and/or referrals to a community mental health agency (Belser et al., 2016). Olsen et al (2016) surveyed 4,066 school counselors who were members of ASCA about their knowledge and skills in utilizing MTSS within their school settings. The participants completed the *School Counselors Program Implementation Survey* (SCPIS) originally designed by Eisner and Carey in 2005, and the survey took approximately 10-15 minutes for each participant to complete. The SCPIS is a 17-item self-report survey that uses a 4-point Likert scale for each item with the responses of (1) not present, (2) development in progress, (3) partially implemented, and (4) fully implemented. The SCPIS measures to what extent a school counselor has implemented the ASCA model as a comprehensive school counseling program and has three subscales: (1) programmatic orientation, (2) use of computer software and data, and (3) school counseling services. The SCPIS reliability for each subscale ranges from .78-.81. The participants also completed the *School Counselor Knowledge and Skills Survey* (SCKSS) developed by Olsen et al (2016) by modifying the Teacher Knowledge and Skills Survey (TKSS) that was developed by Blum and Cheney in 2009. The SCKSS is a 33-item survey with a 5-point Likert scale that measures school counselor's knowledge of MTSS. In analyzing the results of the survey, Olsen et al (2016) used nonexperimental survey research design, and because the participant group

was so large, the participant data was divided into two subgroups in order to cross-validate the data by having the second subgroup verify the results of the first subgroup. Olsen et al (2016) used structural equation modeling to analyze the results from the two surveys. The results of the survey indicated a significant positive relationship between implementing ASCA-aligned activities and competency with MTSS. School counselor access to MTSS training was also significantly positively related to MTSS competency and skills. Likewise, school counselors who reported needing more training in using MTSS had lower scores related to MTSS knowledge and skills (Olsen et al., 2016). In reviewing the implications of this study, Olsen et al (2016) argues that MTSS practices and principals need to be incorporated into school counseling graduate programs by counselor educators who are knowledgeable about MTSS designs. This finding by Olsen et al (2016) highlights the need for additional training for school counselors in the development and implementation of MTSS's tiered system. Because school counselors are also stakeholders in providing services to students with EBD within this framework, it is critical to examine the experiences of school counselors using MTSS and in implementing evidence-based interventions for students with EBD.

### ***Limitations of MTSS***

In the implementation of MTSS in the United States, several limitations to the model have been noted. MTSS interventions have to be implemented with consistency and fidelity, and, although the data-driven process for MTSS is one of its strengths, it also may keep a student from receiving more intensive services until they have moved through all the tiers (MacLeod et al., 2016). In addition, there is limited research on the

implementation of evidence-based tier 3 interventions with students with EBD and their outcomes (Kern et al., 2015).

Furthermore, while school-wide, MTSS has been implemented in many schools, MTSS is not the only evidence-based practice for behavioral supports (Stormont et al., 2011). In a previous study, Stormont et al. (2011) surveyed 239 elementary teachers of whom 78% were aware of PBIS interventions, but the majority of teachers were not aware of the nine other evidence-based behavioral interventions that researchers inquired about, like the good behavior game.

In regard to the implementation of an MTSS framework, the roles of the MTSS team within an MTSS model are ambiguously defined, and the need for comprehensive training in MTSS and behavioral techniques for school staff- and school counselors specifically- hinders the efficacy of the model to support students with EBD in tiers 2 and 3 (Besler et al., 2016; Bruhn & McDaniel, 2021; Ockerman et al., 2012).

### **Theoretical Framework**

In developing MTSS models to find solutions to support students with EBD, many school districts have utilized behavioral techniques to modify behavior. As stakeholders, school counselors are often a part of the behavior team that develops and implements behavioral plans for students with EBD. However, some school counselors have reported that they did not receive adequate training in behavior modification techniques or working with students with behavioral issues (Quarto, 2007; Zyromski et al., 2018). Counselor education programs- specifically school counselor tracks- often utilize cognitive and experiential learning theories in the development of course curriculum and field experiences. However, the school counseling course curriculum may

help students reach the cognitive levels of knowledge and comprehension of behaviorist techniques, but do not ensure that they have reached the application stage. This may be in part because school counseling programs often utilize experiential learning through practicum and internship placements, and if a pre-service school counselor does not have a student with EBD at their site placement, they may not advance to the application stage of development until after graduation. This section outlines the theoretical framework for the study presented in Chapter 3 by discussing the tenants of Behaviorism utilized by the MTSS framework and the theoretical tenants of Cognitive and Experiential learning theories within counselor education programs to prepare school counselors to use behavior modification strategies.

## **Behaviorism**

Using B.F. Skinner's principals, Behaviorism assumes all behavior can be explained and asserts reinforcement maintains behavior, even abnormal behavior (Guercio, 2020). Behaviorists argue that a behavior that is reinforced has a higher likelihood of reoccurring (Guercio, 2020; Prochaska & Norcross, 2014). As an explanation for behavior, Behaviorism utilizes an A-B-C model to explain the behavioral process (Prochaska & Norcross, 2014). Within the A-B-C model, (A) the antecedent triggers, (B) the behavior, and then, (C) the consequence occurs that reinforces or punishes the behavior which will determine the likelihood that the behavior will occur again (Gage et al., 2012). Weisz et al. (2017) conducted a meta-analysis of 447 studies and used multilevel modeling to assess effect size to evaluate psychotherapies used with children and adolescents over a 50-year period. In analyzing the results of the study, Weisz et al (2017) found that participants in treatment groups had a probability of 63% of

having better post-treatment results than participants in control groups. Treatments for anxiety were the most effective, and treatments for depression were the least effective. When analyzing the treatment type, only behavioral therapies for youth had significant outcomes for participants based on data from the participants, their parents, and their teachers (Weisz et al., 2017). Many school districts utilize Functional Behavioral Assessments (FBA) to identify the A-B-C pattern of a student's behavior in classroom settings and to record baseline behaviors before an intervention is put into place (Gage et al., 2012). According to Todd et al. (2008), the introduction of the three-tiered MTSS model has increased the use of behavioral interventions by using positive reinforcement in rewarding students for pro-social behaviors and ignoring negative ones.

### **Counselor Education Pedagogy**

In preparing school counselors to provide services to students within school settings, counselor educators often integrated multiple pedagogy theories in preparing pre-service counselors to utilize counseling theories and techniques with diverse populations. Two common pedagogy theories integrated and utilized in counselor education programs are cognitive learning theory and experiential learning theory. However, even with the integration of these two pedagogical models, school counseling programs often have gaps in learning related to working with students with behavioral issues and providing evidence-based behavioral interventions.

### ***Cognitive Learning Theory***

According to Morran et al. (1995), counselors use the cognitive model to reflect on different sources of information, draw comparisons between new and old information, identify relevant and irrelevant information, recognize gaps in information, and develop

solutions for addressing those gaps. Morran et al. (1995) argues that there are three cognitive skills “attending and seeking information,” “forming hypotheses and conceptual models,” and “intervention planning and self-instruction (p. 387).” Bloom’s Taxonomy, another cognitive model, uses a hierarchical model for learning that ranks cognitive complexity from least to greatest: knowledge, comprehension, application, analysis, synthesis, and evaluation (Granello, 2001). Within the cognitive framework, learning is a cumulative process, and a student cannot advance until they achieve competence in their current stage of cognitive development, because cognitive learning theory asserts that a student cannot utilize skills when they do not know or comprehend the concepts (Aubrey & Riley, 2016; Granello, 2001). When students begin learning about a new concept, they are at the first level of cognitive learning: knowledge, which is the acquisition of facts and ability to recall (Aubrey & Riley, 2016; Granello, 2001). The second stage is comprehension, and this stage is focused on deriving meaning from a concept and connecting previous information with new information that a student is learning. The application of knowledge in new or different contexts is the third stage of cognitive development. In the fourth stage, students begin learning how to analyze concepts by breaking down information into smaller parts and examining how the parts are interconnected to gain a deeper understanding (Aubrey & Riley, 2016). Synthesis, the fifth stage, concentrates on taking the analyzed concepts and attempts to reconfigure them to modify or create a new concept. For the final stage, students evaluate by reflecting on knowledge, evaluating the concepts, and making judgements (Aubrey & Riley, 2016; Granello, 2001). The overall goal for cognitive learning theory is for

students to advance from novice to expert on a particular topic (Morris, 2018, November).

### ***Experiential Learning Theory***

In addition to cognitive approaches, counseling graduate programs often integrate experiential learning theory by including the cognitive learning development with interactive field experiences as an essential component of learning (Aubrey & Riley, 2016; Kolb & Kolb, 2009). The experiential learning cycle consists of four stages: concrete experience, reflective observation, abstract conceptualization, and active experimentation (Aubrey & Riley, 2016). Similar to constructivism, experiential learning concentrates on the learning process, not just the outcomes (Kolb & Kolb, 2005). Kolb and Kolb (2005) explain that experiential learning focuses on relearning concepts and ensuring that students are continuously reflecting and evaluating their thoughts and beliefs, challenging those thoughts/beliefs, and integrating them with newly developed thoughts/beliefs. By using direct experiences, the instructor provides an opportunity for students to engage in reflective practices about their emotions, evaluate their own experiences and perceptions, and actively plan or attempt new experiences that will further their learning (Aubrey & Riley, 2016; Kolb & Kolb, 2005). Experiential learning theory differs from the cognitive model in that experiential learning has a spiral curriculum that views learning as a continuous process instead of hierarchical (Kolb & Kolb, 2005).

Although the experiential learning model has four stages, Harken et al. (2011) acknowledges that not all students utilize all stages but instead may integrate two stages based on their individual learning style: diverger, assimilator, converger, or

accommodator. While Divergers tend to prefer concrete experiences and reflective observations, Assimilators prefer using abstract conceptualizations and reflective observations. Convergers favor combining abstract conceptualizations and active experimentation, but accommodators prefer integrating concrete experience and active experimentation (Aubrey & Riley, 2016). With experiential learning, instructors are encouraged to accommodate different learning styles in order to increase academic performance and make the learning process a positive experience for students (Cicco, 2012). According to Kolb and Kolb (2005), experiential learning provides a framework for educators to identify individual learning styles that acknowledge students' previous experiences, create a safe learning environment that supports emphasizes conversational learning, and allow-students to develop expertise by learning and reflecting on experiential activities.

### ***Integrated Theoretical Framework for Counselor Education Programs***

In the integration of these learning theories, course development should not only focus on course objectives but also include accommodations for students learning styles by utilizing multiple teaching strategies to foster motivation and increase knowledge, insight, and application in a spiral curriculum (Kolb & Kolb, 2009; Richardson, 2003). According to Morran et al. (1995), students begin the learning process in the cognitive stages of knowledge or comprehension through reading, lectures, and discussion. Experiential models incorporate the student's culture, previous experiences, and learning style as teaching strategies to help students process cognitive information for the development and application of skills (Fernando & Marikar, 2017; Kolb & Kolb, 2009). Along with direct instruction, class discussion and problem-based learning can help



future counselors advance to an application stage of learning and incorporate constructivist and experiential strategies (Richardson, 2003; Nelson & Neufeldt, 1998). Within the cognitive model, Morren et al. (1995) suggests that counselor educators incorporate videos of counseling techniques to help students gain insight into theoretical application by observation and discussion. Additionally, experiential counselor educator models include the application of counseling skills through role playing with students with other students providing observations and reflections afterwards (Dollarhide et al, 2007; Morran et al., 1995).

Similarly, collaborative learning can also help counseling students process theoretical concepts and counseling techniques with other peers. Scaffolding pairs a student with a “more capable peer” to help the student develop and apply skills with the support and supervision of someone with more expertise until the student can apply skills independently (Aubrey & Riley, 2016, p. 52). Within many counselor education programs, the counseling skills and techniques of masters’ students are developed through individual and group sessions with doctoral students and/or site supervisors through direct supervision or small experiential groups (Nelson & Neufeldt, 1998). Clinical observations or site visits may help provide diverse learning experiences for future counselors (Cicco, 2012). Incorporating cognitive and experiential teaching strategies help students advance in theoretical knowledge and develop counseling skills to apply in the field. For preparing pre-service counselors, Malott et al (2014) advocates for counselor educators to strive to develop effective learning environments, implement intentional learning experiences, and assess teaching effectiveness. By incorporating experiential learning activities, counselor educators can prepare students to apply

theoretical concepts and reach higher levels of Bloom's taxonomy for cognitive development beyond comprehension and knowledge. Specifically, Malott et al (2014) recommends the use of role plays and case studies to help students foster problem-solving skills.

In 2002, Arman and Scherer evaluated the use of service learning in a school counseling program at the University of New Mexico by conducting a qualitative study and interviewing seven participants who were school counseling graduate students. All of the participants completed an experiential service-learning project that was intended to provide students an opportunity to apply theoretical counseling concepts and practice counseling techniques as a pre-practicum in the field. The participants in this study had to complete 35 direct hours at a site placement of their choosing from a prescribed list of sites that the school counseling faculty provided. In addition to completing the service project, the participants were asked to complete a demographic form at the beginning of the study, participate in two focus groups at the mid-point and end of the field experience, maintain journals throughout the project, and complete an approximately 90-minute individual interview with one of the primary investigators at the end of the field experience. Arman and Scherer (2002) had four main findings that resulted from the study. While the participants reported having supportive supervision, they reported desiring more guidelines and clearer expectations for responsibilities. The participants also reported that service learning effectively helped them integrate theory with practice, and that service learning increased their awareness of the day-to-day responsibilities of a school counselor. However, the participants reported needing more time within class to process and reflect on their field experiences (Arman & Scherer, 2002).

More recently, Finnerty et al (2019) conducted a grounded theory qualitative study with pre-service school counselors and used experiential learning to develop group counseling skills. Finnerty et al (2019) conducted the study with 11 pre-service school counselors as participants who were enrolled in an introductory school counseling course. The participants received training in group counseling skills and group counseling planning within the course and were individually paired with school counselors in a local high school to implement a group after they were trained. When the participants had completed 3-4 group counseling sessions, they were interviewed about their experience. The participants reported benefitting from the field experience by increasing their counseling skills and learned more about the school counselor's role and responsibilities, but the participants also reported needing more training in classroom management strategies when working with groups of students (Finnerty et al., 2019). Both of these studies highlight the impact of experiential learning activities with cognitive learning theory in counselor education programs in developing school counseling skills, but the study by Finnerty et al (2019) also highlights a gap in school counselor preparation in preparing school counselors to work with students with disruptive behaviors and use classroom management techniques.

### **Gap in School Counselor Preparation**

In evaluating school counseling graduate programs, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) and ASCA (2019) have established core competency standards for school counseling programs to ensure that school counselors are adequately trained to enter the profession. When school counselors enter the field, in many school districts, they are often involved in the

development of preventative and responsive interventions for children presenting challenging behaviors (Better-Bubon & Donohue, 2016; Grothaus, 2012), but many school counselors report that they received no training in behavioral interventions in their graduate program (Quarto, 2007; Zyromski et al., 2018). Within CACREP's (2016) standards for school counseling, school counseling graduate students are required to have "skills to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement (G.3.h.)," but there is not a competency standard for developing, implementing, and tracking progress for utilizing behavioral interventions with students. In addition, ASCA (2018) has supported the use of school-wide MTSS models, but school counselors do not have access to established guidelines for incorporating MTSS into a comprehensive school counseling program (Goodman-Scott et al., 2016).

As mentioned earlier, school counselors are stakeholders in the implementation of school-wide MTSS models and often have duties and responsibilities associated with collecting data, developing and monitoring interventions, advocating for systematic and individual changes, collaborating with other stakeholders, and providing community referrals (Goodman-Scott et al., 2016; Martens & Andreen, 2013). Astramovich (2016) surveyed 241 school counselors that worked for a school district in the western part of the U.S. on the importance of school counseling program development interests and skills, especially in regard to evaluating school programs through data collection. Astramovich (2016) developed a 20-item self-report Likert survey called *Program Evaluation Interest and Skills Assessment* (PEISA) and used a MANOVA to analyze the results of the study. The PEISA had four subscales (1) program evaluation, (2) interest in program

evaluation, (3) training importance, and (4) confidence in conducting program evaluation. Each subscale had a Cronbach's  $\alpha$  ranging from .81-.93. The participants completed the PEISA during a district professional development training for school counselors.

Astramovich (2016) found that previous training in program evaluation was a significant predictor that a school counselor would be interested and use data collection skills in evaluating their individual school's comprehensive program. Furthermore, half of the participants reported having no professional development training in the last 12 months in program evaluation. In 2015, Goodman-Scott surveyed 1,052 school counselors, all of whom were registered ASCA members, about their preparation in their school counseling graduate program. The participants completed the *School Counselor Activity Rating Scale* (SCARS) to examine the relationship between school counselor preparation and actual job duties. The SCARS has 48 Likert items. In measuring actual duties, participants rank items from 1 ("I never do this.") to 5 ("I routinely do this."). For the school counselor preparation tasks, participants rank items from 1 ("very ineffectively") to 5 ("very effectively"). To measure if there was a significant difference between preparation activities and actual duties, Goodman-Scott (2015) conducted a multivariate analysis of variance (MANCOVA) to determine if there was a multivariate effect between academic preparation and actual job duties. For academic preparation, Goodman-Scott (2015) reported the participants' highest and lowest five items. For the highest five items, the participants reported that their academic programs prepared them to (1) counsel students regarding personal/family concerns, (2) attend professional development, (3) provide small group counseling, (4) conduct classroom activities to introduce yourself and explain counseling program to all students, and (5) coordinate and maintain a

comprehensive school counseling program. Participants reported that they were not prepared in their academic program to respond to health issues, substitute teach, schedule student classes, coordinate standardized testing, and enroll/withdraw students from school. When the participants reported their actual job duties, the participants highest job ranked job duties were (1) consult with school staff about student behavior, (2) counsel students regarding academic issues, (3) participate on committees, (4) counsel with students regarding school behavior, and (5) counsel students regarding personal/family concerns. In analyzing academic preparation, Goodman-Scott (2015) noted that the participants highest ranked actual job activities did not align with most of the academic preparation except “counsel students regarding personal/family concerns.” The highest ranked job duty was “consult with school staff about student behavior,” but it ranked 18<sup>th</sup> out of 48 as a topic addressed in their school counseling program (Goodman-Scott, 2015). Although this study by Goodman-Scott (2015) does not address school counselor’s experiences working with students with EBD and using MTSS, it further establishes that there is a gap in school counselor preparation to address behavioral issues in schools.

In examining the experiences of school counselors with implementing and evaluating evidence-based behavioral practices in their graduate school counseling programs; research is limited. Kiper Riechel et al. (2020) conducted a phenomenological qualitative study with twelve school counselors and their experiences with program evaluation. The participants completed a one, individual semi-structured interview. Interviews ranged from 40-60 minutes in length. Four of the participants were elementary school counselors, six were middle school counselors, and two were high school

counselors. In analyzing the transcribed interviews, the research team identified three main themes (1) knowing school culture, (2) data collection and analysis, and (3) training. In regard to training, participants reported feeling unprepared for their school's expectations on data collecting, analyzing data, and developing evidence-based interventions based on collected data. In addition, most of the participants noted limited professional development offered by their school district (Kiper Riechel et al., 2020). Additionally, Quarto (2007) surveyed 80 elementary (n=75) and middle school (n=5) counselors in 41 states about their experiences utilizing classroom management strategies to reduce disruptive behaviors during guidance lessons. Quarto (2007) randomly selected 200 potential participants from a nationwide database and had 80 school counselors agree to participate in the study. The majority of the participants were white and female. In regard to school setting, 41% of the participants worked in a rural school district, 36% worked in a suburban school district, and 23% worked in an urban school district. Participants completed the 24-item *School Counselor Classroom Management Questionnaire* (SCCMQ) developed by Quarto (2007). Participants answered questions about the nature and frequency of classroom guidance lessons and about rating classroom management techniques for off-task behaviors. When asked about the classroom management strategies that they had learned in their graduate program, sixty-eight percent of the participants reported that they had received no training in classroom management strategies in their school counseling program (Quarto, 2007). Thirty-two percent of the participants who reported receiving training in classroom management techniques reported observing a teach or school counselor, discussing classroom management techniques in class, or learning through assigned readings. Because Quarto's

(2007) results were descriptive in nature, the SCCMQ is not a validated measure for assessing school counselor competencies in using classroom management techniques with disruptive students. However, one of the implications of this study is that elementary and middle school counselors are not prepared in their graduate programs to work with disruptive students.

Because elementary school counselors are stakeholders in providing services to students with EBD, their experiences need to be examined in order to develop evidence-based practices for students with EBD that can be implemented by future school counselors. Furthermore, the training of elementary school counselors needs to be reviewed in order to support the modification of school counseling graduate programs to better prepare school counselors in using behavioral interventions and working with students with behavioral issues when they enter the field. To expand school counselor training, Zyromski et al. (2018) has argued for school counseling graduate programs to increase training in evidence-based practices through specialized courses, infuse evidence-based interventions in all counseling courses, and increase integration of program-community relationships; but more research is needed on the effectiveness of this proposed model. In evaluating school counselor preparation and the development competencies, it's important to also examine and evaluate counselor education pedagogy for school counseling programs. Although the lack of school counselor behavioral training has been previously noted, the experiences of elementary school counselors and their work with students with EBD within a MTSS framework has not been explored.



## **Summary**

Given the negative long-term implications for children with emotional/behavioral disorders, more research is needed on evidence-based behavioral interventions that can be administered by school counselors. School-wide MTSS models are designed to support all students by using behavior modification strategies and positive reinforcement to encourage pro-social behaviors. As stakeholders in the development and implementation of behavioral plans for students, school counselors need more training in applying behavioral interventions to support students with behavioral problems (Quarto, 2007). The integration of cognitive and experiential learning theories in counselor education programs needs to expand to include teaching Behaviorism strategies for students with EBD in school counseling curriculum to help increase school counselors' competencies in utilizing behavioral interventions. In my dissertation, I examine the experiences of school counselors working with students with EBD within an MTSS framework using CQR methodology presented in chapter 3, the results presented in Chapter 4, and implications and discussion in Chapter 5.

## CHAPTER 3

### METHODOLOGY

For the purposes of this chapter, I describe the steps taken by myself as the primary investigator and the research team using qualitative methodology in the completion of my study by explaining the procedures, research questions, data collection methods, interview questions, and the modifications made after the first two pilot interviews were completed.

#### **Rationale for Qualitative Approach**

Because of the exploratory nature of my study, I used a qualitative methodology to examine the experiences of elementary school counselors utilizing MTSS with students who receive services for EBD. Qualitative research methodology allows researchers to evaluate a person's individual experience in a particular setting without manipulating the setting (Murphy et al., 2021). Instead, researchers use qualitative methodology to evaluate a phenomenon by using an individual's unique experiences and deriving meaning from it (Murphy et al., 2021). Maxwell (2013) argues that researchers have to evaluate their goals, conceptual framework, research questions, method, and validity in developing a qualitative study. All components are connected, but the research questions are the center for developing a qualitative study (Flynn & Ingerson, 2021; Maxwell, 2013). According to Creswell (2003) and Flynn and Ingerson (2021), qualitative methods differ from quantitative methods in that qualitative research uses a naturalistic and interpretive approach in exploring the lived experiences of the

participants using specific qualitative tools to collect data, like conducting interviews. Qualitative research established the validity of the data by presenting trustworthiness and noting biases that could influence the results of the data (Flynn & Ingerson, 2021; Hill & Knox, 2021). However, many qualitative research approaches have feasibility issues or vague guidelines to follow (Hill & Knox, 2021; Murphy et al., 2021).

Because my study is exploratory in nature, Consensual Qualitative Research (CQR) design is an appropriate qualitative methodology for collecting descriptive data to analyze and evaluate a particular phenomenon using the original step-by-step guidelines developed by Hill et al. (1997) and updated versions of CQR methodology (Hill et al., 2005; Hill & Knox, 2021). CQR allows the research team to explore the inner experiences, attitudes, and beliefs of the participants (Hill & Knox, 2021). Using a research team to analyze the data reduces helps to reduce bias and offers multiple perspectives (Hill et al., 1997). CQR is based in constructivism with elements of post-positivist in that CQR “explores a phenomenon as it is naturally occurs (rather than altering or manipulating it)” and holds that individuals construct their own reality (Hill & Knox, 2021, p. 5). According to Hill and Knox (2021), CQR is ideal for studying the lived experiences of individuals in-depth by collecting rich data through interviews and evaluating the data through a consensus process not possible with quantitative methods. CQR allowed me and the research team to explore the experiences, attitudes, and beliefs that elementary school counselors have about working with students with EBD and using a MTSS framework based on their lived experience with the use of a semi-structured interview and using consensus amongst the research team to analyze the data without manipulation.

## **Research Question**

As stated in chapter 1, the purpose of my qualitative study is to examine elementary school counselors' experiences working with students with EBD and utilizing behavioral interventions and examine the training they received in their graduate programs. I aimed to explore the perspectives of school counselors by examining the following research question: What are the experiences of elementary school counselors with school-wide, Multitiered Systems of Support for students with emotional behavioral disorders?

## **Data Collection Procedures**

### **Participants**

Hill et al. (2005) recommends recruiting a homogenous sample of participants who are knowledgeable about the phenomenon under investigation. When working with students with EBD, school counselors often utilize different interventions for students in different age groups, so I focused on the experiences and training of elementary school counselors specifically to ensure a homogenous sample (Patton, 2002). For my study, I used purposive sampling methods by recruiting participants, criterion-based and snowball sampling methods (Creswell, 2008; Patton, 2002). The selection criteria for my study were as followed: (1) previous work with students with EBD, (2) a minimum of two years of employment as an elementary school counselor, (3) currently worked in a school that had a MTSS framework implemented, and (4) trained in a CACREP accredited school counseling program. Because the focus of the study is the experience of the participants' work with students with EBD, the participants also had to have previous experience providing school counseling services to a student with EBD in an elementary

school setting and as a school counselor. In addition, the participants must have been employed as an elementary school counselor for a minimum of two academic years to ensure that they have had experiences with developing behavioral plans and working with students with EBD in a long-term capacity using MTSS' tiered interventions (Hill et al., 1997). Because I asked about the participant's graduate school training, participants had to have graduated from a CACREP accredited school counseling program. As stated earlier, I used snowball sampling by utilizing the South Eastern School Behavioral Health Conference's listserv, a school counselor social media group, and personal contacts to recruit a homogenous sample of participants who meet the criteria for the study. Hill et al. (2005) suggests recruiting 8-14 participants to ensure more in-depth data and stability of the results. The sample included 10 participants, but one participant was excluded because she disclosed during the phone interview that she was a clinical mental health counselor who worked within a school setting. The research team examined the interviews for 9 participants. All of the participants identified as female. Seven of the participants identified as white/Caucasian, one identified as African American, and one identified as "other" on the demographics form but did not disclose ethnicity. The participants ranged in age from 29 to 47, and their career experience ranged from 2-23 years as an elementary school counselor. The research team sought to recruit at least 50% of the participants from Title I schools to represent disadvantaged schools because the U.S. Department of Education (2019) reported that, in the 2015-2016 school year, 69% of elementary schools received Title I grant funding. Six of the nine participants worked in Title I schools (66%). All of the participants worked in the Southeastern region of the United States with five of the participants having reported in South Carolina, two

participants worked in Florida, one participant worked in Virginia, and one participant worked in North Carolina.

### **Study Procedures**

My study's procedures began with the recruitment process. I recruited all of the participants by email or social media posts, and potential participants were asked to complete a Google form with their contact information if they were interested in participating in the study (See Appendix A and B). I used a regional school behavioral health listserv with 5,121 members, an elementary school counselor Facebook page with 7,657 members, and contacted five educators and asked if they knew any school counselors who met the participant criteria. Sixteen potential participants completed the google form. After completing the Google form, I contacted all 16 potential participants by email with the informed consent letter that explained the purposes of the study and potential risks associated with the study (See Appendix C). Potential participants were asked to schedule a phone interview. Potential participants were also informed that they would receive a \$25 gift card for participating in the study. Ten participants agreed to the interview and were asked to complete the demographic form. After receiving the completed demographic form, I emailed each participant the interview questions and scheduled a phone interview (See Appendix D and E).

To increase the feasibility of the study with participants living in four different states, the interviews were conducted by phone and recorded. Participants also had the ability to review the interview questions based on the Hill et al. (1997) guideline that it allows participants time to reflect on their experiences and prepare their answers. However, Hill et al (1997) warns that it also provides the participants time to develop

socially desirable responses, but, given the reflective nature of the questions, the research team decided to provide the participants the interview questions beforehand. Hill et al (1997) also notes that participants are less likely to give socially desirable responses by phone compared to face-to-face interviews. I conducted the interviews and recorded them with a digital audio recorder. Each participant was reminded at the beginning of the interview that they were being recorded but that their responses would remain anonymous. I completed the interviews using a semi-structured format so that I could ask follow-up, probing, or clarifying questions if warranted. After all of the interviews were reviewed, the research team developed three follow-up questions. I contacted the participants for follow-up interview questions and to provide them the opportunity to review their transcribed interviews for member checking. Four of the participants responded that they approved their transcripts being used in the study with no changes. To ensure the anonymity of the participants, I assigned each participant a numerical research code (1-10) to which they were referred to during the data analysis stage.

### **Interview Questions**

The three initial members of the research team developed the interview questions based on previous literature, research questions, and previous experiences working with students with emotional/behavioral disorders. Participants received the interview questions after receiving the informed consent and demographic form in order to fully prepare for the interview. After completing the demographic form, I scheduled a recorded telephone interview with each participant and used the following interview questions:

1. Tell me a little bit about your experience with behavioral plans for children with EBD.

2. How did your training as a school counselor prepare you for working with children with EBD? Developing behavioral plans or IEPs? Utilizing MTSS?
3. Have you had access to additional training on behavior planning during your career through your school district? If yes, what kind of training was offered?
4. Describe your school wide MTSS and each tier. How long has your school implemented a MTSS?
5. Tell me about how teachers and school staff were trained in implementing the MTSS model.
6. How did the development and implementation of a MTSS impact your school's behavioral incidents and referrals?
7. How does the MTSS impact students with EBD?
8. What are the challenges of developing a behavior plan for a student with EBD?
9. Can you share about a MTSS behavioral plan that was successfully implemented with a student with EBD? What are some factors that you contribute to the child's success?
10. Tell me more about targeted interventions that you have been developed and implemented for students with EB disorders? Have there been any negative impacts of utilizing a MTSS?
11. What community supports do you connect to, if any?
12. Tell me more about your experiences engaging families into the MTSS behavioral plans.



After the initial data analysis of the transcribed interviews, the research team developed three additional follow-up questions:

1. With what you know now, how would you suggest graduate school counseling programs prepare school counselors to work with students with EBD?
2. Are there any topics or issues that you would want to see in future professional development trainings provided by your district?
3. Can you tell me about how your school is currently supporting students during the pandemic? Students with EBD?

### **Consensual Qualitative Research**

In developing my study, I chose to use Consensual Qualitative Research (CQR) as the methodology for developing the procedures and analyzing the results of my dissertation. CQR seeks to find commonalities between the lived experiences of participants (Hill et al., 2005). Developed by Hill et al. in 1997 and updated in 2005 and in 2021 by Hill and Knox, CQR is a combination of phenomenological, comprehensive analysis, and grounded theory approach, and it allows researchers to focus on the subjective experiences of humans in their sociological context (Hill & Knox, 2021).

Although it is a relatively new qualitative methodology, one of CQR's strengths is that it is a step-by-step process compared to other qualitative methodologies. CQR utilizes multiple researchers, team consensus, and a systematic method for examining the data collected from interviews. Similar to other qualitative research designs, Hill and Knox (2021) recommend that research teams using CQR aim to (a) gather data from natural settings, (b) accurately describe a phenomenon, (c) continuously evaluate the

procedures, (d) draw conclusions from the raw data rather than a theoretical hypothesis, and (e) attempt to increase understanding of a particular phenomenon based on the participants' individual experiences.

In addition, CQR is rooted in constructivist theory in that CQR holds that individuals construct their own reality and that there can be multiple- but all equally valid- versions of the “truth” (Hill et al., 2005, p. 197). One of CQR's strengths is that it aims to find commonalities between individual experiences through the use of the following step-by step process: utilize open-ended questions in a semi-structured interview, have several members of a research team to serve as judges in data analysis, obtain consensus on the meaning of the data from the judges, have an auditor to reduce the impact of groupthink, and present domains, core ideas, and cross-analyses in the data analysis (Hill et al., 2005).

### **CQR Research Team**

According to Hill et al. (2005), the CQR research team should have a minimum of three people and one auditor and a maximum of five members on the primary research team. If the research team is larger, Hill et al. (2005) recommends dividing the tasks and creating rotating teams while still retaining one primary team of three that reviews all the interviews. The use of a research team allows for multiple perspectives to be considered when analyzing the data and minimizes researcher bias (Hill et al., 1997). Before data analysis begins, the research team should record any biases that may influence the results of the study. Because CQR is dependent on consensus, members of the research team must strive to provide mutual respect, equal involvement, and shared power to every team member when analyzing the data (Hill et al., 1997). Team members who have more

experience with the topic should not hold more power as an expert, and issues of power should be discussed openly between members. The research team must be able to challenge other members of the team and be able to come to consensus on disagreements. Throughout the CQR process, group dynamics need to be evaluated for selecting team members, providing a safe atmosphere for discussion, and paying attention to power struggles (Hill et al. 1997).

All members of the research team for my study were trained in CQR by the external auditor. Each member of the research team attended a virtual 1-hour training about CQR methodology in analyzing the data, and the research team was given time to ask any follow-up questions after the training. I also emailed all members of the research team the Hill et al (1997) handbook and the 2005 update so that they could become familiar with the CQR process. In developing the core ideas and conducting cross-analysis, the research team also referred to the updated guidelines of Hill and Knox (2021). Before starting a new step in the CQR process, the guidelines of Hill et al (1997; 2005) and Hill and Knox (2021) were reviewed by the research team as a reminder of the procedures. The initial research team and I participated in bracketing before data was collected to record all expectations and known biases that could influence the results of the study to reduce subjectivity (Hill et al., 1997). When the research team expanded to include three new members, they participated in bracketing before analyzing the data with the initial research team. Furthermore, I monitored subjectivity and positionality by utilizing a reflective journal to record thoughts and emotions after the interviews, noting warm and cool spots, negative and positive feelings, judgments, and/or personal values. Throughout the data analysis process, I kept record of the consensus process so that

biases could be noted and to keep record of the CQR procedures. In addition, I followed Hill et al.'s (2005) guidelines for establishing trustworthiness through member checks, triangulation of data, and an auditor to review the results. After transcribing the interviews, participants had the opportunity to review their interview for a member checks for authenticity (Hill et al., 2005). The research team compared the results of the study to previous research on the school counselors and working with students with EBD to triangulate the data (Hill et al., 1997). Furthermore, the raw data and the cross-analysis of the study was reviewed by a faculty auditor to ensure that domains, core ideas, and categories identified by the research team represented the concepts presented by participants and to reduce the impact of groupthink (Hill & Knox, 2021). In conclusion, the research team utilized consensus, bracketing, and an external auditor in order to reduce subjectivity following the guidelines of Hill et al. (1997; 2005).

### **Data Collection and Analysis**

Next, the research team began the data collection process. The semi-structured interview had 12 open-ended questions that allowed for additional follow-up questions. Participants were recruited from a homogenous sample. CQR aims to have 8-14 participants who are knowledgeable and have had experiences about the topic being analyzed, and my study had nine participants (Hill et al., 1997). In essence, CQR has three main steps for analyzing data: (1) develop domains to group similar themes expressed by the participants in the interview, (2) create core ideas that summarize the main ideas for each participant in each domain, and (3) use cross analysis of the data to identify categories that were expressed by multiple participants. For my study, the research team virtually met weekly on the Zoom platform to identify, discuss, and reach

consensus for each domain, core idea, and category (Hill et al., 1997). After each stop of the data analysis process, the external auditor reviewed the preliminary results of the study and compared them to the raw data to ensure the participant's experiences had been accurately represented (Hill et al., 2005).

### ***Domains***

As recommended by Hill et al. (1997), the research team established a start list of domains that they expected to see in the raw data based on previous literature. After reviewing the interview questions, the research team developed a start list of 12 domains. The research team coded the first interview together and met after coding the second and third interviews independently. For coding the first three interviews, team members were encouraged to add any domains to the start list that they felt were justified based on the raw data and met to discuss identified domains and reached consensus on the coding of the raw data. After coding the initial three interviews, 12 more domains had been added to the start list (24 domains). However, three domains on the start list had not been used in the coding process- lack of resources, understanding of EBD and expectations- demographics of EBD, and different versions of MTSS. The research team noted that data for these domains were reflected in other domains, in particular MTSS model and behavior team referral process, so the research team removed them from the domain list (21). Then, each member of the research team independently reviewed the expanded domain list and condensed it by combining closely related domains and refining domain names to accurately reflect the data (Hill et al., 1997). When that task was completed, each member of the research team's list was placed into a table for the team to review, discuss, and reach consensus on the revised domain list which was reduced to 10

domains. The research team then coded interviews 4 and 6 with the condensed domain list. After concluding that consensus had been met on coding the raw data within the established domains, the remaining interviews (5, 7, 8, & 9) were divided between the research team to independently code under the revised domain list. The research team then met and went through each interview to review the coding and the domains to arrive at consensus. After all the interviews had been coded, the first three interviews were re-coded with the revised domains. After all the interviews were coded with the revised domain list, the research team reviewed each domain with the raw data as an internal audit. When the team reached consensus on the domains, they met to begin constructing core ideas (Hill et al., 1997). Table 3.1 provides the initial start list of domains, the expanded domain list, the revised domain list, and the final domain list developed by the research team.

### ***Core Ideas***

Once the domains are established, the next step in CQR is identifying the core ideas by summarizing the raw data within each domain by creating an abstract for each case (participant) in the domain that accurately captures that participant's words in a concise manner (Hill et al., 1997; 2005). Hill et al (1997) stress that the research team should not seek to infer meaning from the participant's words but just summarize the raw data as concisely as possible. Each member of the research team established core ideas for two of the domains. The research team met and compared the abstracts for each case to establish the core ideas. After consensus was reached on the initial two domains, I and another member of the research team completed the remaining core ideas for the other five domains. The research team conducted two 3-hour meetings to meet and review the

core ideas, discuss, and reach consensus. When the core ideas were established, the research team began the cross-analysis process to establish categories that describe consistencies within domains and across cases- the final step of the CQR process (Hill et al., 1997; 2005).

### ***Cross Analysis***

Continuing to follow the guidelines of Hill et al (1997; 2005) and Hill and Knox (2021), the research team met together and brainstormed categories for the domains and core ideas across all cases. According to Hill et al (1997), the cross-analysis of the data is a discovery-driven process where categories are developed from the data versus preconceived beliefs held by the research team. I developed all the categories and subcategories for the core ideas, and the research team met three times to reach consensus on the development of each category and the core ideas that they represented. During this process, three of the domains from the revised domain list were condensed into other domains- district and administrative resources, emotional reactions, and miscellaneous. District Resources was combined with community resources. When reviewing emotional reactions, the research team reviewed the raw data and noted that the emotional reactions were in response to the behavioral plan referral process, and emotional reactions became a category under the referral process domain. The miscellaneous domain contained core ideas only expressed by one participant and was removed from the data analysis. After the categories were developed, I labeled all of the categories in order of frequency as either general, typical or variant (Hill & Knox, 2021). A general label meant that the category was present in all or all but one of the cases (8-9 of the participants).

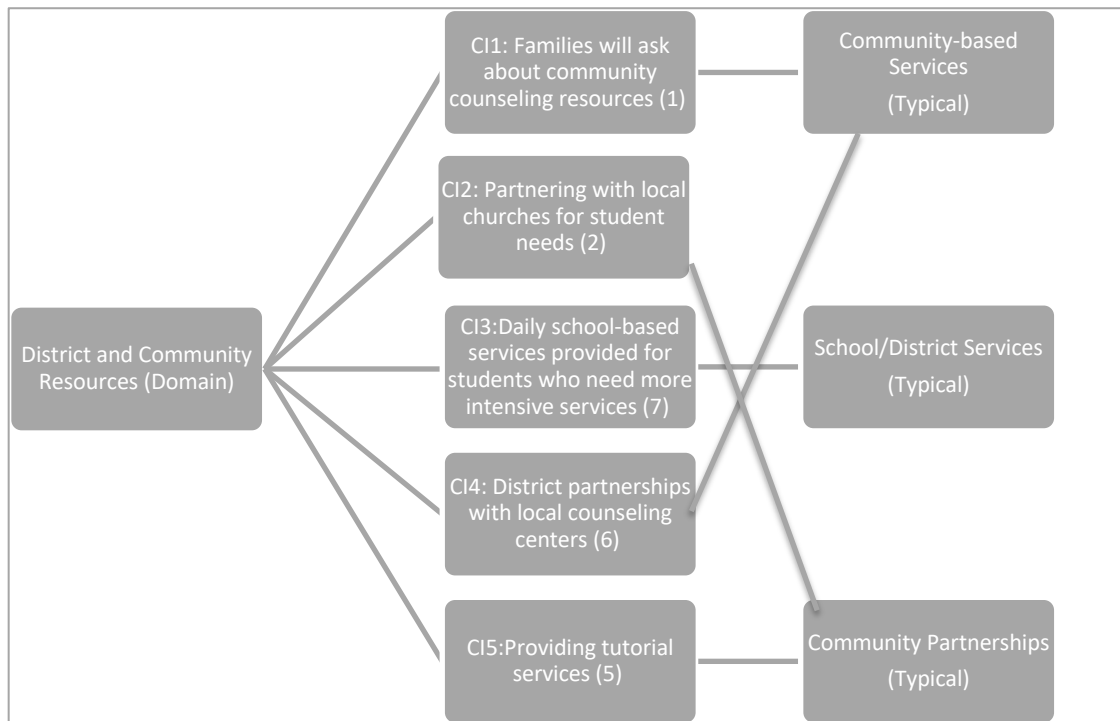
Table 3.1. *Domain List.*

Start Domain List	Expanded Domain List	Revised Domain List	Final Domain List
1. Lack of training	<b>1. Lack of training</b>	1. MTSS Model	1. MTSS Model
2. Support from administrations, programs,	<b>2. Support from administrations, programs,</b>	<b>2. Training</b>	<b>2. Training</b>
3. Emotional reactions	<b>3. Emotional reactions</b>	3. Behavior Team referral process	3. Behavior Team Referral Process
4. Interacting with families	<b>4. Interacting with families</b>	4. Successful Implementation of behavioral interventions	4. Successful Implementation of a Behavior Plan
5. Lack of teacher education	<b>5. Lack of teacher education</b>	<b>5. Collaboration</b>	<b>5. Collaboration</b>
6. Lack of resources	<b>6. Lack of resources</b>	<b>6. Family Engagement</b>	<b>6. Family Engagement</b>
7. Lack of continued training	<b>7. Lack of continued training</b>	7. Community Resources	7. District and Community Resources
8. Time	<b>8. Time</b>	8. <i>District or Administration Resources</i>	
9. Understanding of EBD and expectations- Demographics of EBD	<b>9. Understanding of EBD and expectations</b>	9. <i>Emotional reactions</i>	
10. Different versions of MTSS	<b>10. Different versions of MTSS</b>	10. <i>Miscellaneous</i>	
11. Specific targeted interventions	<b>11. Specific targeted interventions</b>		
12. Professional relationships	<b>12. Professional relationships</b>		
	13. Training in MTSS		
	14. Partnering with Families		
	15. Lack of fidelity in implementation		
	16. Universal interventions		
	17. Redesigning behavioral process		
	18. Behavior team referral process		
	19. Support for teachers		
	20. Benefits of behavioral interventions		
	21. Data to support behavioral interventions		
	22. Data driven academic interventions		
	23. Intentional Implementation		
	24. Miscellaneous		

*Note:* The domains that are bolded identify the domains identified by the research team before data analysis had begun. The italicized domains are domains that collapsed into other domains and were removed from the domain list.



A typical label reflected that the finding was found in at least 50% of the cases (5-7 of the participants), and a variant label referred to the finding only being present in two to four cases. Findings that were only found in one case were coded into a miscellaneous category and not reported in the final data analysis (Hill et al., 1997). Figure 3.1 visually illustrates an abbreviated cross-analysis process that the research team used with the District and Community Resources domain by identifying categories from the core ideas.



**Figure 3.1. Cross-analysis process for District/Community Resources domain.**

### **Evaluating the Method**

For evaluating CQR methodology, Hill et al (1997; 2005) recommends that the research team look for saturation of results to indicate that there has been a “stability of finding” and that the results of the study are representative of the phenomenon being investigated. To establish the stability of finding for CQR, Hill et al (2005) advocates for a study to have an adequate sample and to establish trustworthiness in the data analysis.

CQR has six criteria for evaluating the research design of the study: (1) establish trustworthiness of the method, (2) coherence of the results, (3) representativeness of the results to the sample, (4) testimonial validity/member checking, (5) applicability of the results, and (6) replication of the results across studies (Hill et al., 1997). According to Hill et al. (1997), every CQR study should present evidence that the research team met the first three criteria, but that the second three criteria strengthen the validity of the study. In the following sections, I explain how my study met the first five criteria but was unable to complete replication of the study due to feasibility issues.

### ***Trustworthiness***

For the first criteria in evaluating CQR, the research team established trustworthiness by notating the data collection and data analysis process throughout the course of the study. The initial research team developed the interview questions which were reviewed by the external auditor before the interviews began to be evaluated for implicit bias. I used the 12 scripted questions in all interviews to establish consistency across participants but also allow for follow-up questions with a semi-structured format. The initial research team and external auditor reviewed the questions for implicit biases and for any leading questions. Based on the feedback from the research team and the external auditor, the interview questions were edited and reviewed until consensus was reached.

The research team also monitored for trustworthiness based on the representativeness of the sample and the consensus process among the research team. The research team and I attempted to recruit participants who met the criteria but were representative of different regions of the United States. However, the research team only

recruited participants from the Southeastern region of the United States. Although this is a limitation of my study, the experiences of the elementary school counselors that participated in my study established that their experiences working with students with EBD are similar and established saturation of the findings. Participants did differ in age, ethnicity, experience as a school counselor, their graduate program, and the state in which they work.

Furthermore, the research team worked to establish trustworthiness in the data analysis process. All members of the research team were encouraged to share ideas and/or concerns during team meetings, and the team rotated the order in which team members shared their conclusions about the data. Additionally, the external auditor reviewed the research team's analysis after each stage of the data analysis process with the development of the domains, core ideas, and categories. The external auditor is a faculty member in a counselor education program, has her doctorate in counselor education, and worked as a school counselor. The external auditor also has previous training and experience in using CQR methodology. In particular, the external auditor provided feedback to the research team about the development of core ideas for the Collaboration domain, which was the first domain analyzed by the research team. Based on the external auditor's feedback, the research team met and revised the core ideas for in the collaboration domain and then continued developing core ideas for the remaining domains based on the external auditor's suggestions.

### ***Coherence***

For the second criteria of coherence, the research team must connect the results and conclusion of the study with the research question. In the data analysis stage, the

research team identified data from the participant interviews that did not pertain to the research question and removed it from the data set. In addition, I used direct quotes from participants to strengthen the results of the study and completed triangulation of the data by comparing the results of the study to previous literature.

### ***Representativeness***

For the final required criteria, representativeness of the results was established by labeling the process of the findings as “general,” “typical,” “variant,” or “miscellaneous” (Hill et al., 1997). I independently labeled all the findings, which were then reviewed and discussed by the research team over the course of two 1.5-hour virtual meetings. In addition, the external auditor reviewed the labels to ensure accuracy. Furthermore, multiple direct quotes were used as examples to further establish representativeness of the results (Hill et al., 2005).

### ***Member Checking***

Along with the three required criteria, Hill et al (1997) also recommends member checking, applicability, and replication for evaluating the CQR method. Member checking allows the participants to review the raw transcripts of their interviews and provide feedback on the data. All nine participants were emailed their raw transcript and three follow-up questions. Five of the nine participants responded that they had reviewed their raw transcript and approved the use of their transcript in my study.

### ***Applicability***

For the fifth criteria, Hill et al (1997) recommends establishing applicability or usefulness of the results and how they can be applied. However, Hill et al (1997) also argues that the qualitative researcher team’s goal is to accurately describe a phenomenon

and for the reader to decide how to apply the information. In Chapter 5, I discuss the implications for elementary school counselors and counselor education graduate programs are noted in the discussion section along with suggestions for future research.

### ***Replication***

As noted above, the final criteria- replication of results- was not feasible. Because of time constraints, the research team and I were not able to replicate the results with a second group of participants. However, replication of my study that examines the experiences of elementary school counselors from different regions of the United States, male school counselors, and/or middle and high school counselors may inform future research. Replication would strengthen the validity of the results presented in Chapter 4.

### **Subjectivity and Positionality**

In addressing implicit biases, it is important to note the demographics, experiences, and values of the research team and myself. In this section, I discuss my positionality, implications of my position on my study, my subjective Is, strengths and weaknesses of my subjectivity and positionality, and positionality of the research team. Monitoring strategies that were used are also noted.

### **Positionality of the Researcher**

In the 2012-2013 academic year, I worked as a substitute paraprofessional in a self-contained EBD classroom and worked with several students with severe behavioral issues. In this position, I gained numerous skills for working with students with severe behavioral issues. Although I thoroughly enjoyed working with those students, I intended to become a counselor and work with an adult population. However, during my graduate program, I completed an internship at a community agency, providing substance abuse

counseling services. While working with these clients, I noted how most of my clients traced their history with substance abuse back to trauma they had experienced as children. This revelation led me to reevaluate my professional goals and consider the need for preventative mental health services. What would be the outcome if I saw a client at 8 years old versus 38 years old? If my clients had learned coping skills as children, would they have developed a drug and/or alcohol addiction later?

After completing my master's degree, I worked as a behavioral specialist in two elementary schools and one middle school for two years, providing daily mental health support to students with severe mental health disorders within classroom settings and providing individual, group, and family counseling. My clients were referred by their school counselor for services, who struggled to support these students within the school's structure. Because of eligibility criteria, I often had students who were denied services by Medicaid, so I would consult with the school counselor about targeted interventions that could be implemented to support these students. As I worked within these school settings and talked with trained school counselors, I realized they were not prepared in their graduate programs for developing or implementing behavioral interventions and working with children with behavioral issues, but that school administrators expected them to. When I began my doctoral program, I found this finding confirmed in previous literature (Kiper Riechel et al., 2020; Quarto, 2007). Although I was a trained mental health counselor, I recognized that many of the skills that I utilized and classroom management resources that I shared with teachers came from my experience working in a self-contained EBD classroom.

In developing my study, I realized that school counselors need more training in developing and implementing behavioral interventions for children with behavioral issues. In order to develop evidence-based practices for students with EBD, I also recognize that it is critical to examine the experiences of elementary school counselors and their work with students with EBD, their previous training, and what professional development training they would find beneficial in their careers. Because school counselors are stakeholders in working with students with EBD (Goodman-Scott et al., 2016), I believe recording their experiences necessary to meet these objectives in the future.

### **Implications of my positioning on the study/process**

When considering my work with school counselors, I may be considered an “insider” because of my educational background and experiences working within a school setting. Because all my participants graduated from CACREP-accredited school counseling programs, I have the same training in core counseling skills and theoretical foundations, but we differ in our concentrations and our specific theoretical orientation. In addition, because I have worked in several school settings in different capacities, I am aware of how many schools operate.

Even with these connections, I can also be considered an “outsider” because I am not a school counselor, and I have never worked in a school in that position to personally understand the job’s roles and responsibilities. In addition, even though I have worked in several school environments, I have not worked in my participants’ specific schools to know their school’s unique strengths and issues. My participants may be hesitant to talk about problematic issues within their school with an outsider.

### **My subjective Is and their impact**

Before conducting my study, I noted several subjective I's: the pedagogical-meliorist I, the nonresearch human I, and the community maintenance I (Peshkin, 1988). Because of my previous work with students with EBD, I am aware of the challenges these students face, and I am passionate about providing mental health services to these students. However, not every school counselor may be as passionate about working with this population of students. In the past, when school personnel have made disparaging comments about students with EBD, I find it difficult to remain neutral on the topic and feel the pedagogical-meliorist I, as I want to advocate for these students to have more support within a school setting. On the other hand, I have also experienced the nonresearch human I with my participants when they shared about experiences working with students with EBD that I have also experienced. I wanted to commiserate over shared experiences and may not have probed as deeply during the interview process. I also believe that I experienced the community-maintenance I because I had a participant from a rural community. Because I worked in a rural community in Virginia, I am aware of how some rural communities lack resources and have struggles that differ from urban communities.

### **My subjectivity and positionality as strength and as weakness**

As a strength, I have worked in numerous schools in different positions (substitute teacher, behavioral specialist), and I worked alongside several school counselors and students with EBD. As a behavioral specialist, I have developed and implemented behavioral plans with school counselors for my clients. Because of these experiences, I am aware of the expectations and challenges of multiple roles/duties that a school



counselor often has to manage in their position. However, one of my weaknesses is that even though I have worked with school counselors- as mentioned earlier- I am not a school counselor, and I was not trained as a school counselor. In addition, while I have talked with school counselors about their training in delivering behavioral interventions and formed the opinion that it is lacking, the experience of these school counselors may not be true for all school counselors, and I have not audited a school counseling program's curriculum to confirm a deficit in behavioral training.

### **Monitoring strategies**

I monitored my subjectivity and positionality by recording my thoughts and feelings about individual interviews with my participants in a reflective journal. I noted warm and cool spots, negative and positive emotions, the urge to respond as a clinician instead of as a researcher, passing judgments, and/or personal values.

### **Positionality of the Research Team**

The set research team consisted of five doctoral students and one faculty auditor (Hill et al., 2005). Members of the research team lived in the same geographical area as some of the participants and the school districts used in the study. Only I, as the primary investigator, had access to the participant name. The remaining members of the research team only had a numerical number to identify participants by. The research team consisted of four members who were trained as mental health counselors and one member who was trained and worked as school counselor. While I was trained in a clinical mental health counseling program, I provided mental health services within a school setting. All members of the research team had experience working with children and/or adolescents with EBD and were familiar with the services that students with EBD

often receive in school settings. In addition, members of the research team had worked in several different school environments that utilize MTSS and had been involved in the development and implementation of behavioral interventions. The research team consisted of five members who identify as female and one member who identifies as male. The research team was composed of four European American members, one African American member, and one Latinx American member. Two members of the research team were third-year doctoral students, one member was a second-year doctoral student, and two members were first-year doctoral students. The external auditor is my dissertation chair and a faculty member who is also a trained school counselor. As mentioned before, the external auditor is familiar with CQR methodology and trained all members of the team before data analysis occurred.

### **Bracketing**

Before data analysis began, the set research team met and completed bracketing exercises to share experiences and potential biases in analyzing the results of the study. The research team believes that school counselors are influential in the development and implementation of MTSS for children and adolescents with EBD. Even though MTSS have targeted and intensive interventions, students with EBD have lower academic achievement and high dropout rates. For further research to address these concerns, the experiences of school counselors on behavioral plans and interventions needs to be considered in the development of new targeted and intensive interventions. Members of the research team also expressed how they believe that school counseling graduate programs do not adequately train school counselors to work with students with EBD. My

theoretical orientation is an integrated behavioral/person-centered theoretical orientation, which may have influenced the development of the interview questions.

### **Coding the Data**

Continuing to utilize the CQR guidelines of Hill et al. (1997; 2005), the research team and external auditor analyzed the collected data from the participant's interviews.

### **Coding Process**

To begin analyzing the data, I transcribed the data from the interviews using Temi as an electronic software. Then, I worked with the other members of the research team to develop domains independently from the interviews to offer multiple perspectives (Hill et al., 2005). The research team coded the first transcript together and transcripts for participants 2 and 3 independently. Then, the research team met to discuss the start list of domains, new domains, and come to consensus. Then, the domain list was condensed, and the research team coded the domains for transcripts 4 and 6 and reviewed them as a team to come to consensus. Finally, the research team divided the remaining transcripts evenly among the team and coded the raw data and audited each other. Members discussed domains and the placement of raw data under each domain until consensus was reached for all of the data. The domain list began with 12 domains as a start list, increased to 24 domains, was revised to 10 domains, and, finally, condensed to 7 domains that showcased the themes that were pulled from the raw data. Then, core ideas for each domain were assessed by the research team from each interview to succinctly and accurately capture the spirit of the raw data in abstracts (Hill et al., 2005). The research team completed the core ideas for two of the domains together and met to compare and discuss findings. Then, I and another member of the research team completed the

remaining core ideas. The research team met twice to review and audit the core ideas and refine them until consensus was met. When the domains and core ideas were finished, the data analysis was sent to the external auditor for review. Finally, I developed categories across cases and labeled them based on frequency- general, typical, or variant. The research team then met and came to consensus on the cross-analysis process. Results were compared to quantitative research to triangulate results, and an auditor checked the work of the research team at each of the three stages of data analysis to minimize the risk of group think (Hill et al., 2005).

### **Limitations of CQR Methodology**

Although measures were taken to minimize the limitations, there are still limitations to be noted in using CQR methodology. Stiles (1997) argues that most CQR research teams have faculty and graduate students from the same program who may be unaware of implicit biases that they may have on the given topic; and, if primary team members were included from other disciplines, additional biases may be noted. All members of the research team and the faculty auditor were from the same counseling program. Although the research team participated in bracketing exercises to note personal values, theoretical orientation, and/or past experiences; implicate biases may have influenced the development of the interview questions and/or the analysis of the results.

In addition, CQR utilizes a small sample size with 8-14 participant which may lead to a lack of diversity between participants and minimize generalizability of the results (Barden & Cashell, 2014). The purpose of CQR is to study a particular phenomenon and does not rely on generalizability for significant results, but the results of the study can be replicated to strengthen the validity of the results presented in Chapter 4.

In addition, participants may answer questions with a response they assume the research team is looking for or that positively portrays the participant because of the influence of social desirability. However, the use of a phone interview reduces the likelihood of the participants giving a socially desirable response and the participant responses should remain anonymous to encourage honest and open communication (Hill et al., 2005).

Stiles (1997) also argues that if the participants present multiple “truths,” the research team may be unable to reach a consensus without re-interpreting the participant’s response to match another participant which may lead to research bias influencing the data. Although participants may present various lived experiences, Hill and Knox (2021) recommend that the research team label categories by frequency to address the representativeness of the results so that the results may generalize to similar samples in replication studies. Hill and Knox (2021) also recommend the use of an external auditor to monitor researcher biases influencing the results of the study.

### **Pilot Interviews**

After IRB approval was obtained, I completed the first two interviews, which served as pilot interviews, and were reviewed with the faculty auditor for clarity of questions and interview process. Only minor changes were made in the modification of procedures and the demographic form. Both of the participants for the pilot interviews met the criteria for the participants. Both participants completed phone interviews, and I took reflective notes after each interview about the changes to the interview process. The initial twelve interview questions were not modified after the pilot interviews. However, the demographic form was updated to assess the student population of the participant’s school, how many students had behavioral plans, and how many school counselors work

in the participant's school. In addition, I added a reminder at the beginning of the interview protocol that the interview would be recorded for full transparency.

### **Summary**

In summary, this chapter outlines the Consensual Qualitative Research methodology that was utilized following the guidelines of Hill et al (1997; 2005) and Hill and Knox (2021). In addition, this chapter also notes the procedures of my study, the subjectivity and positionality of the research team, and the limitations of CQR methodology. In Chapter 4, the results of the present study will be provided, and Chapter 5 will present the implications, limitations, and suggestions for future research.

## CHAPTER 4

### RESULTS

The purpose of my qualitative dissertation was to explore and examine the experiences of elementary school counselors using MTSS and working with students with EBD. In this chapter, the demographics of the participants and results from the interviews are presented. The participants shared about their previous training, their role in the implemented MTSS framework in their school, supporting with students with EBD, and positive factors and barriers that influence a behavioral plan.

#### **Description of the Sample**

Participants were recruited using purposive, criterion-based snowball sampling methods using an educational listserv, a school counselor social media account, and personal contacts (Creswell, 2008; Patton, 2002). Hill et al. (2005) recommends recruiting a homogenous sample of participants who are knowledgeable about the phenomenon under investigation. Participants had to meet the following criteria: (1) previous work with students with EBD, (2) a minimum of two years of employment as an elementary school counselor, and (3) trained in a CACREP accredited school counseling program.

I interviewed a total of 10 participants for my study, but one participant's interview was excluded from the data analysis because she disclosed during the phone interview that she was a clinical mental health counselor who worked within a school setting. All interviews were completed by phone and recorded. The research team

examined the interviews for 9 participants. All of the participants identified as female, and seven of the participants identified as white/Caucasian, one identified as African American, and one identified as “other” on the demographics form but did not disclose ethnicity. The participants ranged in age from 29 to 47 with an average age of 37.4 (SD=7.6) and their career experience ranged from 2-23 years as an elementary school counselor. In the 2015-2016 school year, the US Department of Education reported that 69% of elementary schools received Title I grant funding, so the research team aimed to recruit at least 50% of the participants from Title I schools to represent disadvantaged schools. Six of the nine participants worked in Title I schools (66%). All of the participants worked in the Southeastern region of the United States with five of the participants working in South Carolina, two participants working in Florida, one participant working in Virginia, and one participant working in North Carolina. All the participants reported graduating from CACREP-accredited school counseling programs and previous or current experience providing services to students with EBD as an elementary school counselor.

### **Summary of Findings**

For analyzing the data obtained from the interviews, Consensual Qualitative Research (CQR) methodology was used to identify themes expressed in the interviews following the guidelines of Hill and colleagues (1997; 2005) and Hill and Knox (2021). Qualitative methodology evaluates a phenomenon by using an individual’s unique experiences and deriving meaning from it (Maxwell, 2013). A five-member research team analyzed the data and came to consensus on the development of the domains, core ideas, and categories. The research team identified seven main domains: MTSS model,



training, behavior team referral process, successful implementation of a behavioral plan, collaboration, family engagement, and district and community resources. After developing core ideas and categories for each domain. The research team labeled all categories based on frequency. A label of “general” was used if the category was expressed by 8-9 of the participants. The label of “typical” was used for categories expressed by 5-7 of the participants, and “variant” was used to label categories expressed by 2-4 of the participants. Categories only expressed by one participant were not analyzed in the final data set.

In general, when discussing utilizing the MTSS model, all participants shared about the school counselor’s role in the MTSS framework in relation to providing tiered services. All of the participants shared about universal and targeted interventions, but for intensive interventions, most of the participants reported that targeted interventions were modified or intensified, or the student was evaluated for an IEP. The participants reported planning school wide initiatives and rewards for meeting the school-wide expectations. For students not responding to universal interventions, the school counselor was often involved in providing targeted interventions through individual or small group counseling and/or using check-in/check-out (CICO). The participants reported benefits and limitations of the MTSS framework, but some of the participants expressed that the MTSS framework worked if implemented with consistency.

In addition, I asked the participants about how their previous training prepared them to work with students with EBD, use MTSS, or develop IEPs. All of the participants discussed their graduate training and professional development trainings provided by their school district. For their graduate training, most of the participants reported that they

were trained in general counseling skills and techniques when working with children, and they learned about characteristics of students with EBD and other students with disabilities in special education course. However, nearly all of the participants ( $N=8$ ) reported that they were not prepared by their graduate programs to work with students with EBD, utilize behavioral interventions, or create IEPs. When asked about district trainings, the participant responses focused mostly on MTSS training, but the responses varied greatly. All of the participants reported that had access to district training in the past. Some participants reported that they were hard to register for while two other participants noted having a district MTSS liaison who was willing to come to the local school for consultations. Seven of the participants reported that they learned how to work with students with EBD through on-the-job training and learned how to develop behavioral plans by conducting their own research.

When I asked about identifying students with EBD for targeted or intensive interventions, the participants shared about their referral process. All of the participants were part of the MTSS behavior team with other identified stakeholders (administrator, school social worker, teacher, etc.). However, the referral process varied with each school. Some of the participants reported that students were identified for targeted interventions based on the number of disciplinary referrals a student received, but the majority of the participants reported conducting regular meetings with each grade level where teachers could refer students who needed additional support. Then, the behavior team collected data by monitoring student and observing behavior in order to develop a behavior plan. When increasing support for students with EBD, the participants noted

several challenges: determining eligibility criteria for each tier, identifying the target behaviors, and the stigma associated with EBD label.

When asked about successfully implementing a behavioral plan, almost all of the participants ( $N=8$ ) shared about a particular student meeting their behavior goals. First, participants shared about positive behavior outcomes for students with EBD, such as: developing self-regulation skills, accessing additional support independently, and decreasing disciplinary referrals. When asked about factors that contributed to that child's success, participants shared about the importance of positive relationships with the students, consistency and intentionality, student and family involvement in plan, and collaboration of the MTSS team.

In fact, all the participants discussed the importance of collaboration in order to develop effective behavioral interventions and implement them with fidelity. The participants stressed that it was essential for all members of the behavior team to collaborate so that everyone on the team was aware of their responsibilities in providing a tiered intervention and having a back-up plan if a person involved with a behavioral intervention was out for the day. In addition, the participants noted collaborating with teachers for continued progress monitoring to assess if the student was progressing towards their target behavioral goals.

In addition to collaboration between staff members, the participants also talked about integration of the family into the behavioral plan with various levels of involvement. Every participant shared about keeping in contact with families through formal letters about behavior meetings, daily or weekly behavior progress updates, and/or phone calls. Most of the participants ( $N=8$ ) discussed including the family in the

development of the behavioral plan by inviting parents to behavior meeting, getting parental feedback about proposed or implemented plans, and encouraging rewards at home for meeting behavior goals. However, all the participants also noted barriers to family integration in the behavior plan, such as: inconsistency in home, parents unaware of what services are available, and parents resistant to additional services.

Finally, participants were asked about additional community resources that were available to students. All of the participants shared about three different types of community resources: (1) school or district provided services, (2) community mental health services, and (3) community partnerships. Most of the participants reported having a mental health counselor or behavioral specialist on staff at the school or a partnership with a community-based provider to provide mental health support within the school setting. In addition, two of the participants reported that their districts had alternative education programs for students with EBD that do not respond to any of the MTSS tiers or an IEP. Six of the participants reported providing families with referrals to community mental health agencies for additional services. Furthermore, some of the participants reported establishing relationships with community partners for mentorship and tutoring programs and to help assist with any identified student needs.

Overall, the participants gave honest answers about their experiences working with students with EBD and using an MTSS model, offering both positive and constructive evaluations of their experiences within their training programs and school districts. The importance of positive relationships, collaboration, and consistency in implementation stood out as factors that contributed to a student with EBD making successful progress towards their behavior goals.

**Table 4.1. Domains, Core Ideas, Categories, and Labels**

<b>Domains</b>	<b>Core Ideas</b>	<b>Categories</b>	<b>Label</b>	<b>Frequency</b>
MTSS Model	MTSS tier systems helps support students before diagnosis (6)	Implementing Model	Typical	1, 2, 6, 7, 8, 9
	Providing services at each tier level to ensure students are supported (8)	School Counselor Role	General	1, 2, 4, 5, 6, 7, 8, 9
	Tier 1 applied in general education classroom (1)	Tiered Interventions <ul style="list-style-type: none"> <li>• Universal</li> <li>• Targeted</li> <li>• Intensive</li> </ul>	General	1, 2, 4, 5, 6, 7, 8, 9
	Tier 2- student starts receiving additional services from counselor- small group and support in class (6)		General	2, 3, 5, 6, 7, 8, 9
	CICO and individual counseling with tier 3 students (8)		Typical	3, 4, 6, 7, 8, 9
	Tracking data to see if the behavior intervention is working (9)	Data Collection	Typical	3, 4, 5, 6, 9

	<p>MTSS changing the culture of the school in a positive way (7)</p> <p>Difficulty providing daily support in a normal school day (4)</p>	Benefits & Limitations	Typical	4, 5, 6, 7, 8
Training	School counseling graduate program trained counselors to work with students and families (4)	General Counselor Skills	Variant	3, 4, 5, 7
	Not prepared by school counseling program to work with students with behavior concerns (5)	Limited graduate training for providing services to students with EBD	General	1, 2, 4, 5, 6, 7, 8, 9
	Optional District trainings provided for implementing MTSS (1)	<p>MTSS School/District PD</p> <ul style="list-style-type: none"> <li>Limited Access to District Training</li> </ul>	Typical Variant	1, 3, 4, 7, 8, 9 2, 3, 5, 9
	Learning as you go when working with students with EBD (7)	On-the-job-training and Research	Typical	2, 4, 5, 6, 7, 9
	More behavioral training as a teacher than a counselor (1)	Previous Teaching Experience	Variant	1, 5, 8

Behavior Team Referral Process	Conducting observations to identify when behavior is occurring (4)	Referral and Initial Behavior Screening	Typical	1, 4, 5, 6, 7, 8, 9
	The data from behavior plan led to EBD diagnosis (6)	Identifying Students with EBD	General	1, 2, 3, 4, 5, 6, 7, 8, 9
	Department of Education and District emphasize not using EBD diagnosis (5)	<ul style="list-style-type: none"> <li>Avoiding EBD label</li> </ul>	Variant	2, 4, 5, 9
	After referral is made and meeting with parents, behavior team monitors behavior for 4-6 weeks and conducts interviews with student, teachers, and parents (4)	Evaluating Behaviors	Typical	1, 4, 5, 6, 8, 9
	School counselor leads behavior team, collects data, and works with teachers on plan and follow-up (1)	Developing Behavior Plans	Typical	1, 5, 6, 7, 8, 9
	Trying to keep the child's best interest in mind, but teachers frustrated and have lost patience (8)	Emotional Reactions	Typical	1, 3, 4, 6, 7, 8

	Struggle to provide interventions for students due to time limitations (2)	Barriers	General	1, 2, 4, 5, 6, 7, 8, 9,
Successful Implementation of Behavioral Interventions	Students using coping strategies (1)	Positive Behavior Outcomes	Typical	1,2,4,6,7,8,9
	Relationship between student and staff essential (7)	Positive Relationships	General	1, 3, 4, 5, 6, 7, 8, 9
	Ensuring consistent services to student (4)	Consistency & Intentionality	Variant	1, 4, 5, 7,
	Behavior team develops collaborative solutions and works collaboratively with students (5)	Student & Family Involvement	Typical	1, 3, 4, 5, 8
	Difficulty providing daily support in a normal school day (4)	Barriers	Variant	3, 4, 5, 6



Collaboration	Instructional coach, behavioral specialist, and school counselor collaborate with behavior concerns (5)	Regular multidisciplinary behavioral team meetings	Typical	1, 3, 4, 5, 8, 9
	Developing behavior plans with teacher, student, and family (1)	Working together to support student.	General	1, 2, 3, 4, 5, 6, 7, 8, 9
	Need for more collaboration between MTSS team members (7)	Need for more collaboration.	Variant	5, 6, 7
Family Engagement	Behavior team tries to keep family involved by keeping in contact with them (6)	Communication with Families	General	1, 2, 3, 4, 5, 6, 7, 8, 9
	Develop the best plan of action with parents (8)	Family a part of behavior team	General	1, 2, 3, 4, 6, 7, 8, 9
	Parents in disagreement over best way to support child (2)	Barriers	Typical	1, 2, 3, 4, 5, 6, 9

District and Community Resources	District partnerships with local counseling centers to refer students with behavioral problems (6)	Community Resources	Typical	1, 2, 4, 6, 7, 9
	Daily school-based services provided for students who need more intensive services (7)	School-based services	Typical	2, 4, 5, 6, 7, 8
	Partnering with several community resources (5)	Community Partnerships	Typical	2, 3, 4, 5, 6, 8

Furthermore, barriers were noted in regard to staffing issues, identifying target behaviors, fidelity of interventions, and stigma associated with EBD. In the following, the results of my dissertation will be fully presented by observing the domains, core ideas, and categories that resulted from the data analysis conducted by the research team and myself.

### **Domains and Categories**

In analyzing the transcribed interviews, seven domains were identified by the research team as they analyzed the data and came to consensus through weekly research meetings. The seven domains reflected the multiple factors that impact an elementary school counselor's work with student with EBD, including: (1) the MTSS model, (2) training, (3) identifying students with EBD, (4) successful implementation of a behavior plan, (5) collaboration, (6) family engagement, and (7) district and community resources. Within each domains, categories and subcategories were identified with 11 general, 16 typical, and 7 variant categories. Table 4.1 summaries the results presented in this section.

#### **MTSS Model**

In the first domain, there were three general categories and four typical categories. The participants shared about how MTSS was implemented in their school, their role as the school counselor, tiered interventions they have used with students, evaluation of behaviors, and benefits and limitations of MTSS. Most of the participants were positive about the MTSS framework, but barriers to implementation were also noted.

### ***Implementation of MTSS Model***

Although one participant reported that the MTSS framework was already in place at her school, six of the participants discussed being involved with implementing the MTSS framework in their schools or refining the process, making it a typical category. Three of the participants discussed how their school district were introducing MTSS as a replacement to PBIS. According to Participant 3:

We use PBIS, and last year I was chosen on a panel, a select group from the district to attend MTSS meetings in [local city]...And that was the first time I became familiar with the term MTSS and what it meant. After we got finished with last year and entering into this year, I thought that the term would be more widely utilized across the district, or people would be more familiar with that term, but it seems like they're still in the rollout process with, you know, mapping it out. People are more so still familiar with PBIS.

Participant 1 also discussed recently implementing MTSS in her school because their old system was not able to meet the needs of the school “when that system was failing- because of the intensity of the behavior and the number of behaviors increased majorly last year, and it failed.”

### ***School Counselor Role***

As a general category, every participant discussed their role as the school counselor as a member of the MTSS behavior team, which involved collecting data, providing tiered services to students, and tracking progress. The roles of the school counselor did vary in some schools with some of the participants reporting being involved in the development of a behavioral plan while other participants reported that

behavior plans were written by a special education teacher. The school counselor only provided services that were put into the plan, like small group or individual counseling.

For example, participant 2 shared:

I pretty much just serve the counseling role from the IEP, like if a child has to get 30 minutes of counseling per month and I would administer that and make a document that I took care of that part of the IEP. So, some of this stuff doesn't relate, because I don't help write the behavior intervention plan- that comes from the SPED teacher. I just do the therapy- whatever is required on the IEP.

Whereas, participant 1 reported that she is the MTSS behavior team lead and is actively involved in the referral process:

So, then, from that, I get an alert as the behavior team lead and I do an observation which I mean I'm in the classes all the time anyway...as a counselor, but I do an observation, I meet with the teacher... I also do an interview with the students themselves that has questions about what they like, what people are they connected to, things that they enjoy. So, if we are going to do a reward system, really doing some things that are specific for them and not guessing what they might like but here's what they really do like.

### ***Tiered Interventions***

Every participant discussed universal and targeted interventions for tiers 1 and 2 as general categories, and most of the participants discussed using intensive interventions for students in tier 3, making it a typical category. The participants described similar universal interventions that were focused having school-wide expectations (usually in an acronym format), social-emotional learning-based guidance lessons, and rewarding

students for pro-social behaviors. Similar to other participants, participant 9 shared about the universal interventions at her school:

So, tier 1 is kind of like what all the students are supposed to be receiving. So, we use a social emotional curriculum called Second Step. All the students should be seeing that. All the students should be aware of schoolwide expectations. We have something called SOAR expectations, just acronyms, all the students are expected to just like be in school -responsible, you know, like orderly.

For tier 2, all of the participants discussed providing targeted interventions for students who needed additional support by providing individual and small group counseling and/or check-in/check-out (CICO). For counseling services, some of the participants reported providing counseling services or making a referral to a school-based mental health counselor. Participant 6 shared about her school's tier 2 services:

I can speak way more to behavior, but for tier two for behavior, that's usually when the counselor will get more involved, creating a behavior plan that's specific for the child, assisting the teacher with things that they can do in the classroom, and... things like that.

When discussing tier 3 interventions, six of the participants reported specific tier 3 interventions that they had used with students with behavioral issues, but most of them were modified tier 2 interventions and focused on data collection to support an evaluation for an IEP. Some of the participants also mentioned that once a student is identified with EBD, the student's IEP replaces the tiered system. According to participant 6:

Tier three is more intense. It might include like an even more focused behavior plan. It might include like...like daily check-in and check-out, potentially small

groups that that's needed or would benefit the child, and just collected...collecting a lot of data. Cause usually by tier three, if tier three is not a success, that's when they go up for evaluation.

### ***Data Collection for Tiered Services***

As another typical category, most of the participants shared about the importance of data collection to identify students for services and continued progress monitoring. Many of the participants reported encouraging teachers to continuously gather data in order to provide services to student, like participant 6:

We tell the teachers, you need to be documenting, you need to be gathering data so that if we need to bump them up to tier two, then we have the data to support that. And we have some data to go off as far as to how we should base their goals.

Once the data is collected, the MTSS behavior team evaluates the data and develops a tiered intervention. According to participant 5:

That can go to our school wide support team as, as data, or they could be inputted as data by our behavior tech and analyze it. It just depends. Usually that data goes into a particular system and, and then its graphed and then look at it.

Participants reported that students received services in a tier typically for 4-6 weeks while data is collected for progress monitoring, the behavioral plan is reevaluated, and the MTSS team determines if a child is remaining at that tier or moving to another tier of services.

### ***Benefits and Limitations of MTSS***

When asked using MTSS, most of the participants also discussed the benefits and limitations of MTSS, making it a typical category. Two of the participants reported their schools had seen a decrease in disciplinary referrals. According to participant seven, MTSS benefited her school. “and we definitely did see, there was definitely relationships being formed and our data... our discipline data went down in a good way.”

However, many of the participants also reported limitations in using MTSS within the schools. Specifically, participants mentioned difficulties with providing daily tiered services with limited staff and inconsistent implementation of MTSS throughout the school. According to participant 4, it is hard to predict what will happen in the school day, but that the staff at her school try to provide daily services to students:

I'm going to be honest with you, because it's on a daily basis that something comes up...something happens and with especially when you have many grade levels. Your day you can't really plan it out, 'cause every day is a new day with new things happening. So, it's not consistent, but at best... you know...we try. We try to provide that for the for the kids.

### **School Counselor Training**

All participants were asked about their previous training working with students with EBD, developing behavioral plans and IEPs, and using MTSS. The participants reported three different kinds of training: (1) school counseling graduate training, (2) district provided training, and (3) on-the-job training and research in preparing them to develop behavioral plans and support students with EBD. This domain had one general category, two typical categories, and three variant categories.



### ***School Counseling Graduate Training***

When asked about how their graduate training had prepared them to work with students with EBD, four of the participants reported that their school counseling programs prepared them with general counseling skills, which was a typical category. However, as a general category, nearly all the participants ( $N=8$ ) reported that they were not prepared for working with students with EBD and developing behavioral plans. In reflecting on her school counseling graduate training, participant 4 stated that the major focus was on developing counseling skills to work with children:

Well, actually, that was the main focus. We focus mostly on counseling. The paperwork was the one thing that was not really involved in the training itself in the program of counseling...school counseling. What our focus was primarily was...you know... group intervention, individual counseling, how to work with the parents- specially with minority parents, how to engage them because they also seek counseling and therapy as a negative stigma towards the family background. So, as far as the training goes, [School Counseling Program] had a really good program up to get us- you know- ready for it...to engage with the kids, to develop the rapport with the children, and also to work as a collaborative effort with the teachers to provide them with the support.

Some of the participants reported that they were required to take one special education course on working with students with disabilities. Participant 7 stated:

I would say, I would say maybe awareness. Certainly, my counseling program, I feel like did a good job at making us aware of the different types of students that we would likely encounter and work with in our jobs.

Similarly, participant 9 shared that:

Like maybe not the most in depth? So, I did take a class about students with disabilities just kind of like an overview though about what they are and like how they would present, and then I took a basic counseling skills class- which is probably helpful- but beyond that, I'm not sure how much exposure I was given... How much experience I was given.

However, the majority of the participants reported not being prepared to work with students with EBD. Participant 2 stated "That's funny. No. It did not. It did not...I learned the hard way." Participant 6 reported that she only received experience in her graduate program because there was a student with ED at her internship receiving services.

It really didn't. I probably would not have been prepared at all for it if I had not had a student... it wasn't a student that was diagnosed ED, but I did have a student during my internship that the school counselor worked very- my supervisor- worked very closely with.

Because of the experience working with that one student, participant 6 also reported gaining experience during her graduate internship developing behavioral plans with her site supervisor:

I may have developed a few behavior plans with the assistance of my supervisor, and just used her templates, and she would kind of walked me through it, and so I want to say, I maybe developed one behavior plan while I was there. All of the other behavior plans she had already started.

Participant 5 also noted a gap in her school counseling preparation:

I'm going to tell you that my graduate school did not prepare me at all for students- with me even being involved with students with behavior concerns, I'll put that mildly. So, as far as my training, I do not believe I really received much training, I would say, no, I really haven't no.

Three of the participants reported receiving more training as teacher to work with students with EBD. Particularly, participant 1 stated:

My teacher training helped me with an IEP. I had to take a special education class and that's where I learned about IEPs, but neither one of these did we really address too much my counseling education program and as far as like utilizing MTSS in my counseling program- I never heard of it.

### ***School District Training***

Another typical category was access to school district training. The participants were also asked if they had access to district provided trainings on behavioral planning. Most of the participants shared about district-provided training but in various formats from professional development trainings to consultations with an MTSS district liaison. However, a variant category of limited access to training also emerged from the data. Four of the participants reported that they had limited access to professional development training through their district. Participant 5 shared "Additional training? Um, not really, as far as to the access to additional training, at any of my district. We've never really done a big training on developing behavior plans or doing behavior plans or anything."

Participant 2 reported seeking out her own training to maintain her LPC:

It was cut for many of the years that I was there. So, you're on your own. With my LPC, I had to get so many credentialing...CEUs a year...or every two years, so I would see what would help me in my school job also.

However, many of the participants reported having access to professional development trainings through their district. Participant 7 stated: "Oh, like a full day where it was just like, you know, implementing PBIS or implementing behavior plans. But certainly I, I do remember that those were incorporated into some of our professional development." Participant 9 also reported:

We're all supposed to go to a district level training and then ...Someone from the district came in and did sort of just like an overview for staff. They try to do that yearly, like a PowerPoint at a staff meeting sort of thing.

Although most of the participants reported training in implementing MTSS, only participant 7 reported specific trainings for developing behavioral plans. In addition to professional development trainings, some of the participants reported district staff that will visit their school and provide consultation services. Participant 8 reported that "we sometimes will have district behavioral specialists come in and observe and help us plan for what the next step is."

### ***On-the-job Training and Research***

Because of limited access to training, some participants ( $N=6$ , typical) noted as on-the-job training and research for working with students with EBD, especially completing paperwork for services. Participant 5 shared "Anything about FPA and BIPs, I learned when I was on the job." Similarly, participant 7 reported "I think when it came, especially with students like those ones who had EBD I think it's so much- to be honest- a

little learning as you go, like when you're in the field more so than anything else.”

Participant 4 reported conducting her own research in developing behavioral plans:

I also did my own research as well. So, I did my own little -you know- figuring out as far as resource goes- you know- how to develop a behavior intervention plan, how to engage kids more often, specifically children of 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> grade.

Participant 6 also reported collaborating with other staff members to develop behavioral plans in the lieu of district trainings: “It's kind of just been more of like making it up as I go, and collaborating with staff at the school level, but nothing district level that I can think of.”

### **Behavior Team Referral Process**

When asked about identifying students with EBD, most of the participants described their general referral process, identifying students with EBD specifically, evaluating behaviors, and developing a behavioral plan. Most of the participants also reported emotional reactions from teachers and families in the beginning of the referral process. Moreover, barriers to the referral process were also noted. The behavior team referral process domain had two general categories, four typical categories, and one variant category.

### ***Student Referral and Initial Behavior Screening***

When a student is displaying behavioral issues in the classroom, most of the participants ( $N=7$ , typical) shared that the teacher has the ability to make a referral to the behavioral team, as participant 1 described:

When teachers are struggling and their classroom interventions weren't working, they would refer to the person who is in charge of the behavior team for more assistance for more like "I need outside help with things." The things I'm doing in my bag of tricks are not working.

Furthermore, several participants shared that the behavior team monitors student disciplinary referrals to identify students for more services or to develop universal interventions. According to participant 9:

We use a lot of the data...to look at school wide trends, and, so for example, if we notice a lot of referrals for hit, kick, push or something like that. That's [the] data that we'll look at to figure out what kind of PBIS incentive we can offer. So, PBIS is like our school climate program... MTSS obviously helps a lot identify which students might need academic intervention. A lot of behavioral problems come from being uncomfortable in the classroom. If you don't have material and you just act out, cause it's easier than admitting you don't know what is going on.

Participant 6 also reported "Typically, a student is not referred for the behavior tiers until ...according to what our document says, there are at least two referrals made, two discipline referrals, and then we consider placing them in the tiers."

### ***Identifying Students with EBD***

When discussing their referral process, another general category emerged when participants shared about identifying students for EBD after a referral is made by providing tiered services or monitoring disciplinary referrals. If the tiered services do not produce desired results, the student is then evaluated for an IEP for EBD. Participant 1

shared her school's process for identifying students with EBD by monitoring academics first because it's easier to screen than behavior:

You're going to start implementing Tier 1, tier 2, tier 3 for academics. From there, we'll collect data for six weeks...that's all academic...then we go to the IEP process. With behavior, it's a lot harder. For academics, we have school wide screeners that can kind of pull and mark your data better or collect data to see if this intervention- say small group- is working or not. So, we were trying to mimic that for behavior. It's a little more complicated.

Participant 6 also reported that students receive tiered services after two disciplinary referrals and must go through all the tiered services before an evaluation can be done for an IEP for EBD- "in order to get to an evaluation, they have to go through the tiers." However, participant 4 stated that a Functional Assessment of Behavior (FAB) is conducted to evaluate the student's behavioral issues after three disciplinary referrals:

Then, we start monitoring what the behavior is...So, we meet with the parents. We do like a structured interview for the FAB and then we interview. If the child is of age where they are able to disclose their feelings... their emotions, we also do a student interview as well to see what their frustration is. Is it school? Is it personal? Something at home? What is causing them to exhibit the anger? but typically with elementary kids we do it with the parents and the teachers as well. We do like a student study team, and we conduct that with the consent of the parent obviously, and, then after, that we monitor the behavior typically four to six weeks. I would typically go in the classroom- monitor the students to see if there's increments of the behavior happening.

**Avoidance of EBD Label.** When the participants were asked about identifying students with EBD, a variant category was identified when four participants also noted avoiding using the EBD label when evaluating students for additional services. Two participants reported that students who meet the criteria for EBD may receive services for Otherwise Health Impaired (OHI) instead due to district suggestions and stigma associated with an EBD label. Participant 5 reported that her district identifies students with OHI instead of EBD as a method of addressing racial disparities in identifying students with EBD:

The reason why I'm saying, because there was an over-identification with black males for EBD. A lot of them are OHI but should be EBD, and that is what I really want to be clear on saying that to you. I'm saying that to you whether it's politically correct or not, I just want you to understand that just because they're OHI, classified as OHI. They're not all OHI. They do meet more of the criteria for EBD, so that label that they are getting is inaccurate. For some of them, it's inaccurate.

Later in the interview, participant 5 again stressed that her school had been told by the district to use the OHI label instead of EBD:

We basically said that OHI is the new EBD just because of the data that was coming through with the Department of Education. So, they put a lot of... I don't want to say pressure...I'm not really sure what is happening to have our school district say "Listen, there is too much over identification of black males," so when we talk about EBD...if we're looking at that exceptionality, I also have to tell you that a lot of EBDs are OHIs just with an OHI exceptionality.



When asked about how many students received services for EBD in her school, participant 2 also stated: “I checked with the special ed teacher today, and she said two, but this district is very limited on labeling a child EBD. We just had one who was labeled OHI.” Participant 4 also noted that there is a hesitation to identify a student with EBD and shared “In general, we try not to label kids too often with EBD because it has a stigma to it.”

### ***Evaluating Behaviors to Determine Services***

Once a referral is made, most of the participants ( $N=6$ , typical) reported conducting observations to evaluate behaviors by collecting data in order to measure outcomes for an implemented behavioral plan. The MTSS behavior team uses the data collected to determine what services a student may need. According to participant 6,

We have to think more about "what are their triggers?" or "what are the things that we can put in place for them when they have those outbursts, as opposed to what can we do?" So, we're kind of going like from starting at the end and working our way back with the goal or with what we're going to do with them. Furthermore, participant 4 also stressed that behavioral plans need to fully evaluate triggers for identified behaviors

Is it because the teacher doesn't pick on them? Or if they're withdrawn, what is...we figure out what is the behavior we're observing- if it's inattentiveness, if it's withdrawn; and then from that point on we developed the behavior intervention plan...

Similar to other participants, participant 1 reported interviewing teachers and students. With students specifically, participant 1 shared:

I also do an interview with the students themselves that has questions about what they like, what people are they connected to, things that they enjoy. So, if we are going to do a reward system, really doing some things that are specific for them and not guessing what they might like but here's what they really do like. So, then, every month we have behavior team meetings. Teachers get coverage. They come to the meetings. We talk. We talk about what the student said. We talk about the behavior. It's is normally like 30 minutes per student because we just found that teachers really have a lot to talk about...more with behavior.

In addition, once a behavioral plan is put into place, participant 1 reported that her school's behavioral team conducts monthly follow-up meetings:

Then, from the behavior team meeting every month, I follow up with the teachers and look at data and see how it's going or if we need to edit or change anything and then from that if we're still concerned- we got to an IAT [Intervention Assistance Team] with all of this data and all of these interventions.

### ***Developing a Behavior Plan***

When asked about developing a behavioral plan for a student, most of the participants ( $N=6$ , typical) reported having a role in the behavioral plan but that they are not always involved in developing the behavioral plan. Participant 3 stated:

I'm just called in as needed. When they're mapping out the behavioral intervention plans or for IEP meetings, I don't conduct it or anything like that. Sometimes, it will reflect the "students may need sessions with the counselor X amount of times," or may need to cool down in guidance, something to that effect.

Other participants also reported the behavioral plans were developed by special education or exceptional child education (ESE) teacher. Participant 5 reported “She’s the person that writes the IEPs, has the CARE meetings, meets with the school psychologist, we have meetings called SWIFT and CARE on Thursdays.” However, some participants reported working with a behavioral team to develop individualized plans for students with participant 1 sharing that she leads the behavioral planning team: “Now, I lead it. I collect the data...we have a much more structured system with that and with follow up.”

### ***Emotional Reactions from Teachers***

When the participants discussed the referral process that identifies students for additional supportive services, another typical category emerged when six participants reported emotional reactions from teachers of students with behavioral issues.

Participants noted that teachers are often upset about student behaviors in their classroom, and the data collection process needed to start services. Participant 7 stated:

Her teachers were just got to a point where they just didn't have the patience for it, and they didn't have an unfortunately...and this is not anything of the teacher's fault. They just didn't have they... They didn't have the time, the school in the school day. It just didn't afford them the time to be able to, to get to the know that student well enough to know, like what triggers would set her off and what wouldn't.

In addition, participant 8 shared:

I think it’s hard no matter what you're working on or problem solving on, but when it comes to a person and you know, a child, of course the goal is that we all have the

child's best interest in mind, but it presents a lot of... emotions are charged. People are tired. The classroom teacher sometimes can be at the point where they're just at their wit's end, and they're- they've lost patience.

### ***Barriers to the Referral Process***

As the participants shared about their school's referral process, almost all the participants ( $N=8$ , general) also noted barriers to identifying students who needed more support. Specifically, the participants shared about juggling multiple responsibilities and administration and staff changes impacting the referral process. Participant 8 reported:

We haven't mapped out on our PBIS plan that this is it. This is the point you would get to when you would need to call the office or turn it into a referral, and I feel like sometimes we're bypassing some of the steps, certain staff, you know, so that could be improved for sure.

Participants 5 and 9 also reported changes in administration and staff impacting behavior referrals. Participant 5 noted that her school's behavioral specialist was on maternity leave, and that staff member did all the FBA's. Participant 9 stated:

Our system is like kind of informal. We got a new principal, like year and a half ago, so we're still all figuring things out. So, I'm not sure how many of our kids have that [EBD] diagnosis, but a lot of our kids probably should.

Participant 4 also noted that it can be difficult to identify the problem behavior and target goals:

Because behavior- as you know- it's very broad, and now we have to specify it in order to target, and to find that goal that we want; but I just... I think that is a huge challenge with intervention plans, and that's where you get stuck. Because

you'll start talking and the teacher will say "Oh, but this child also exhibiting this," OK but we need to focus on this behavior, you know. So, how they get qualified is based on how you write the intervention plan and that is very challenging. That's the challenge I feel.

### **Successful Implementation of a Behavior Plan**

After a behavioral plan is put into place, I asked the participants if they could share about successfully implemented behavioral plan for a student with EBD and factors that they contributed to that child's success. Within this domain, several categories emerged from the data- one general, two typical, and two variant categories. Most of the participants noted improvements in pro-social behaviors and three factors that contributed to the child's success: (1) positive relationships, (2) consistency and intentionality of the intervention, and (3) student and/or family involvement with the behavioral plan. In addition, barriers to a successful behavioral plan were also reported.

### ***Positive Behavioral Outcomes for Students with EBD***

As a typical category, most of the participants ( $N=7$ ) reported positive behavioral outcomes from a successfully implemented behavioral plan for students with EBD.

Participant 9 shared about a particular student with EBD who had met his target goals:

We would give him specific goals, and then like ways to get there. And we got really good data from him and the data like pretty consistently went up and up and up. And then by the end of the year, we had like a little party for him, like a pizza party for his class. Cause he just sort of graduated from needing the behavior tracker. So, he was then able to self-regulate. So, just like giving them

something to look- I think it's successful because you kept making the goal post harder and harder

Furthermore, many of the participants reported that behavioral plans offered students with EBD support to avoid losing a whole day in their classroom because of behavior. Participant 2 stated:

Well, it impacts them positively when they have positive behavior, and it...When one particular student had to be isolated today for a portion of the day because of her behavior. She regained her emotional state that she was able to get back in the classroom, so it eliminates...you know...her being out for the entire day. She was out for just a couple of hours. She got it all together. She had her cool down time and did what she need to do, and she was able to get back. So, you know it gives a recovery. A kid can recover for the day.

Some of the participants reported that students demonstrated progress even if they did not reach their target goals. As such, participant 6 stated:

When he got in those moods, he wouldn't talk. He would just shut down. He would throw things, kick things, hit things, hit people; and so, we put a plan in place for him as far as to work on work completion because he wasn't doing his work and changed his schedule to where he either came to me to have his related arts time, or he- typically- he would go to the library every day. And then I worked with him once a week for six to eight weeks to do just some basic work with his emotions and feelings and kind of recognizing them and starting that process of thinking about this is what anger means....And so it did keep those big

outbursts...It lessened them. I won't say it stop them completely- cause it didn't- but it lessened them.

Participant 7 also shared about working with a student with EBD to use coping strategies independently:

And eventually she got to the point where she was able to use some of those strategies in the moment, not every time, not a hundred percent of the time, but she was able to, to incorporate that on her own. And that was a huge win because when I first met her- no, that was not going to- that was not happening.

### ***Positive Relationships between Student and Staff***

Another general category that emerged from the data was that nearly all of the participants ( $N=8$ ) reported the importance of staff members developing positive relationships with students with EBD in order for a behavioral intervention to be successful. According to Participant 7, "relationship is everything for these kids." Participant 9 also reported that students with EBD often have a history of trauma and "one-on-one relationships are hugely important with any student with trauma or any sort of issues." Additionally, Participant 6 stated:

I think that's just like really the biggest factor for him and that he recognizes those relationships, and even when he's having outbursts or he's upset or something that we're just showing him, like, you know, "okay, you had that, but we're not going to treat you any differently. We're still going to love you. We're still going to care about you." I just-that we've seen a big grace with him with that- with having those strong relationships with multiple people in our building,

even administration, to where even if there's something negative that happens, it doesn't change what we think about it.

### ***Consistency and Intentionality of the Intervention***

In addition to positive relationships, some of the participants ( $N=4$ ) noted consistency and intentionality of the behavioral intervention impacting a child's progress towards their target behavior goals as a variant category. Participant 4 shared: "Well, I think that consistent counseling on a weekly basis- just even if it's 5 minutes. 'How are you?' check-in and check-out." Participant 1 also stated:

What we are finding is that once there more intentional and specific- the referrals decrease. That's where we are right now... They know someone is going to check-in with them, and it is consistent- every day. Even days that I'm not here, another person will check-in with them because it is so important- that consistency; and we have great conversations.

### ***Student/Family Involvement***

Moreover, another typical category was student and family involvement. Five of the participants shared about the importance of student and/or family involvement in the development and implementation of a successful behavioral plan. Participant 5 reported the following about creating a behavioral plan with a student:

As far as the collaborative problem-solving model, I really think that it needs to shift to, "okay, what are you thinking? How were you going to problem solve this? What kind of plan can we create?" And putting more ownership on the child.

Participant 3 shared about developing classroom responsibilities for a student with EBD and stated, "In the plan, she's supposed to have a classroom job that will enhance



her esteem and allow her to feel validated in the classroom and also be able to use that verbal cue.” Along with other participants, participant 8 also noted the importance of family involvement:

We have had parents join our initial MTSS planning- problem solving meetings.

Then, of course, when we get to the highest tier, we really want and encourage parents to be a part of that, and whether we get them or not, just depends.

Obviously, it goes so much when you’ve got a whole team and that student sees that: “Okay, they’re all on the same page. They are talking too.” I mean that honestly helps the student succuss tremendously when you get a parent involved in the conversation.

### ***Barriers to Successful Implementation***

Although most participants identified factors contributing to a successful behavioral plan for a student with EBD, some participants ( $N=4$ ) also noted barriers to implementing behavioral plans, including staffing issues and time restriction in the school day, as a variant category. Participant 2 reported “I’m also stretched because I can’t pull any kid out of school- out of class from 8:15 to 12:15, and I have to do it during their related arts schedule in the afternoon.” Participant 4 shared the need for more time to provide effective interventions: “I think the main focus should be to make sure counselors have the time. Even though it's very difficult to have that check-in and check-out, checking-in and checking-out with children... I think it's very important.”

Even then, some students do not respond to a tiered intervention either. For example, participant 6 states:

I would say you definitely can see there that there can be negative impacts, because not every child responds to an intervention like that response to a tier. And it also, I think maybe one of the biggest impacts is that we have to go through those steps, and it takes a... It can take a really long time and it sometimes seems like a kind of a barrier to us being able to effectively get a child help that we know needs help that needs more strenuous or more extensive health than just the tier system.

### **Collaboration with School Staff**

During the interviews, all of the participants reported working with students with EBD in collaboration with other staff members. Specifically, participants noted having regularly scheduled behavior planning meetings with multiple staff members, working together as a collaborative team, and noting a need for more collaboration. The collaboration domain had one general, one typical, and one variant category.

#### ***Regular Multidisciplinary Meetings***

As a typical category, most of the participants ( $N=6$ ) reported having regularly, scheduled behavior team meetings with multiple staff members to assess needs, develop behavior plans, and track progress. Participant 1 shared about all the staff involved:

I've been a counselor for six years now. Four of those years, I was on the team: psychologist, there was an admin, the social worker, sometimes the nurse if it involved like a lot of times ADHD medicine or anything medical, and the counselor.

Participant 8 reported “So, I’m either usually on the team discussing it and problem solving... We have small groups where me, my school psychologist, the school social worker team up...” Participant 9 also discussed her school’s collaborative process:

Our MTSS team meet weekly...so what will happen is the teachers will bring students up in their meetings. They're called PLC meetings. So, it's like weekly meetings for each grade level, and the like teaching coaches will make suggestions and that teachers will ideally go back and try the suggestion. And then, if it's still not working, the student will be brought to the MTSS team. So, sometimes, it's us looking at like school-wide data, and then sometimes, it's us looking at individual students and seeing what other interventions they need.

### ***Working Together as a Team***

Furthermore, all the participants( $N=9$ ) discussed working together as a collaborative team to ensure interventions are implemented correctly and to track progress, which emerged as a general category. For example, participant 2 reported:

In this district, everybody works together for the common- what is best for this kid, what does this kid need from his teacher/her teacher, what does this kid need from the parent, what kind of services do we need to get in the home- where we have interdisciplinary... where we have mental health to go into the home to do home stuff.

In addition, participants discussed the importance of the behavior team to continuously collaborate with a student’s teacher. Participant 1 reported the importance of “Making sure...everything is communicated. Everyone is on the same page and the follow through.” Participant 4 also stated:

Typically, children with EBD... what we try to provide the students is an ongoing progress monitoring. As far as counseling goes, we monitor how they're behaving in class. We keep in contact with the classroom teachers to ensure that the child is not getting frustrated, or exhibiting any type of anger, or lack of motivation.

### ***Need for More Collaboration between Staff Members***

However, a variant category also emerged with some participants ( $N=3$ ) reporting a need for more collaboration between staff members in implementing behavioral interventions. Participant 5 reported issues with staff consistencies: “if somebody resigns or somebody goes on maternity leave, there's really no one picking up that torch yet.” Participant 8 also discussed:

So, you can have disagreements with, you know, admin sees the child in one way and then the teacher sees a different view and which is the beauty of the team is- you're all bringing different skillsets and perspectives, but it's hard sometimes to agree on what's best for the child.

Participant 7 also shared about the importance of collaborating with teachers and informing them about the intensity of the behavioral intervention:

I think the challenge is that the teachers can sometimes view it as like that kid's getting out of class a lot, and I think it's- it is different, right? Because what part of.... The plan is going to be that that kid sees me or- you know- and probably will see me kind of frequently. And so, I think like a challenge can be you have to make sure that you're working together with the teachers and understanding that “Okay, yes, the goal is to have the student be able to be calm and to be able to stay in your classroom. That is a hundred percent the goal. But in the... Especially

in the beginning of working with that student, it is going to be- they are going to be seeing me a lot probably.”

### **Family Engagement**

During the interviews, I also asked the participants to share about their experiences engaging families into behavioral plans. The participants reported two types of family engagement: (1) family communication and (2) family integration into the behavioral plan. Both of these themes became general categories. Barriers to family engagement were also noted by most of the participants as a typical category.

### ***Communication with Families***

As a general category, all participants shared about communication with family members of a student with EBD with several forms of communication noted. The participants noted that parents may be contacted by phone when there was a behavioral incident at school. Participant 2 stated: “You know, really, there’s only a couple of those kind of kids here at this school. So, we know them all. They know us. I can call-you know- that Mama this instant, and she’ll answer the phone.” Other participants shared about sending formal letters home about behavioral planning meetings along with weekly or daily progress notes about how the behavioral plan is working. Participant 6 reported:

We try and keep all of our families involved in just knowing what we're doing with their students. We send letters home. We hold meetings to discuss progress. We speak with parents. You know a lot... A lot of times when we have behavioral plans, that plan will go home with the child either daily or weekly so that the parents know kind of how their child, what their child is doing.

Participant 7 reported that regular communication provides consistency for students with EBD: “keeping up that communication with those parents so that they could be doing that as well at home. So, that we had that consistency, cause I think that's really important, especially with students with EBD.”

### ***Family Integration into Behavior Plan***

Another general category was that most of the participants ( $N=8$ ) reported integrating the family into the behavioral plan by inviting families to behavioral planning meetings and receiving feedback from them by them making families a part of the behavioral team. Participant 7 stated:

...My parents who had students that were at that tier three point, they just... they were open to anything because they just want it to help- to be honest. So, they were like, "Sure, let's try this. Let's go for it." and then they would certainly give feedback if they felt like something was working or wasn't which we would do with them as well. So, it was definitely a two-way street.

Some participants also shared about encouraging parents to also offer rewards at home but shared that inconsistencies can make that a challenge. Participant 1 reported:

It depends on the family, because we've sometimes included families where the reward is earned at school but given at home. For example, we have a student that was one of seven, and he really wanted to go to the movies alone with his mom- no siblings- just him. So, in that case, it worked out well, cause mom was able to follow through with that. For certain families, we can do that.

Some participants also noted that some parents know what services are available to request for their child. Participant 3 stated:

I believe we get good participation. Some parents know what to ask, what to push, and how to get it. Some parents- like the one with the shadow, she was familiar. She's very visible. She's constantly here when called. She will come, but she has that capacity to come when called, and she has a background in special education. She says... so she knew to request one. A lot of parents... Parents may not know what recommendations to make for their child. And you said, you know, those that around the table. So, I think there needs to be more parent involvement, more parent literacy on various topics. (3)

### ***Barriers to Family Engagement***

On the other hand, barriers to family engagement was identified as a typical category when most of the participants ( $N=7$ ) also reported factors that hindered engaging families into the behavioral planning process, including parents being resistant to additional services and the need for parental education on services available to their child. In identifying students with EBD, several of the participants reported that parents are resistant to services or express defensiveness or frustration in meetings. Participant 4 stated:

We've had parents that were reluctant... that they said that this is something dealing with their hormones and state they don't like the whole labeling of emotional behavior disorder. The mere fact that they see that [EBD] label... they... they get a little bit defensive, but once they see that "OK, there is an issue." The school has been contacting you with multiple reasons of behaviors the child is exhibiting, and we're working in favor to try to provide as much resource. Then, they try to -you know- work with the school.

Some participants noted that a few parents do know what services to ask for their child, but that overall, there is a need for parental education in order to increase family engagement. Participant 5 reported:

They more come in frustrated or come in angry. They more come in feeling judged more...unfortunately they're more....I think certain... Because we're not dealing with a non-title one school, I think the title one's parents are treated like older children where we're more leading them or dictating to them what they should be doing, which I have a problem with that on so many different levels and really not have parents give us- giving them the skills to help their child be successful. Kind of like “well, you just need to do this. You need to do that.” That collaboration part is missing. Um, again, there's this different- you know- it's more complex. It's, it's just very complex.

When family engagement is limited, some participants reported that it impacts the success of the behavioral plan. Participant 9 reported:

It is hard to, we have a lot of problems with parent involvement and just follow-up at home. There's a lot going on in the community that are barriers for the parents to like to be involved. So, you know, when you... When the student knows that there aren't going to be rewards or consequences at home, they're less inclined to follow the rules at school or if the consequences, you know, just sort of short-lived, and there's no consistency there. That home-to-school connection is probably our biggest barrier.



## **District and Community Resources**

Finally, I asked the participants about connecting students with EBD with community resources. Most of the participants identified one of three services available to students with EBD: (1) community mental health, (2) school or district resources services, and (3) community partnerships. All three of these categories had a typical frequency.

### ***Community Mental Health Services***

Most of the participants ( $N=6$ , typical) reported connecting students with EBD and their families with referrals to mental health agencies in their local communities for increased services outside of the school-setting. Participant 4 stated:

Well, we do also refer them to community agencies. Within the school, they don't receive... that's the most they receive. The reason is- I'll tell you- we're limited with the time that we can take children out of classrooms, so what we do is, we provide the parents with community agencies that they could call.

Some participants stated that they had a list of resources provided by the district to share with families who were seeking additional services instead of giving specific recommendations. Participant 7 shared:

We did have a list. Like my county has a list that you've got all the counselors to keep as far as resources, and it's by the area. My county is very large...families were asking about that we could give them to support- you know, I can't. We weren't really- they didn't want us to be like, "Oh, go see this person," but we can give them that list and that did have family counseling resources on it.

### ***School and District Resources***

As another typical category, most of the participants ( $N=6$ ) also reported that they could refer students with EBD to district provided resources or school-based resources.

Participant 1 stated:

Sometimes, families will ask for...like referrals...like they'll ask for outside counseling resources. So, sometimes, I provide those to families, but we also have in our district called [program name] and that is free to our students that in our district, so we connect with that resource.

In addition, some of the participants discussed partnering with community mental health agencies to increase services in the school setting. Participant 5 reported:

So, the mental health counselors who are in there- only in title one schools- and they are contracted. [The school district and mental health agency] said "Let's form a partnership." Where we have counselors- mental health counselors from your agency coming into the Title I schools and really focusing only on the tier three students and meeting them, you know, once a week, sometimes even twice a week. And working with kids who have trauma, working with kids who have poor self-regulation, also with, with some behavior problems.

### ***Community Partnerships***

In addition to mental health services, six of the participants noted connecting students with community partners to meet specific needs or mentorship which was identified as a typical category. Participant 2 stated: "Another thing is just working with local churches to meet any kid needs- socks or shoes or anything like that." Participant 9 also shared: "if the family needs extra resources like paying rent or food or something

like that, we'll refer them to [local non-profits], or our social worker, or a parent advocate at this school.” Four of the participants shared about trying to start mentorship programs but have struggled to find consistent mentors. Participant 8 stated:

I've really struggled with one area. I've never been able to nail down like consistent mentors, specifically male mentors...I've done high school mentor students from our local feeder high school leadership teacher, and I connect...15 to 20 upper grade kids and paired them with a high school mentor.

**Table 4.2. General and Typical Categories.**

<b>General Categories</b>	<b>Typical Categories</b>
1. School Counselor Role	1. Implementing MTSS Model
2. Universal Interventions	2. Intensive Interventions
3. Targeted Interventions	3. Data Collection
4. Limited Graduate Training	4. Benefits and Limitations
5. MTSS School/District Professional Development	5. On-the-Job Training and Research
6. Identifying Students with EBD	6. Referral and Initial Behavior Screening
7. Barriers	7. Evaluating Behaviors
8. Positive Relationships	8. Developing Behavior Plans
9. Working Together to Support Student	9. Emotional Reactions
10. Communication with Families	10. Positive Behavior Outcomes
11. Family a Part of Behavior Team	11. Student and Family Involvement
	12. Regular Multidisciplinary Behavior Team Meetings
	13. Barriers
	14. Community Resources
	15. School-Based Services
	16. Community Partnerships

### Summary

In conclusion, the research team identified seven domains from the transcribed data with 11 general categories that were expressed by at least eight of the participants, 16 typical categories that were expressed by at least five of the participants, and 7 variant

categories that were expressed by two to four of the participants. Table 4.2 lists the general and typical categories identified by the research team. In Chapter 5, I present the implications and suggestions for future research based on the results.

## CHAPTER 5

### DISCUSSION

The purpose of my dissertation was to explore the experiences of elementary school counselors working with students with emotional/behavioral disorders (EBD) with a Multitiered Systems of Support (MTSS) framework, using Consensual Qualitative Research (CQR) methodology. In this chapter, I present an overview of the study, discuss the results in regard to previous literature, and also review the limitations of my study. In addition, implications for elementary school counselors, school districts, and counselor education programs along with areas for future research will be discussed.

#### **Overview of the Study**

Students who meet the criteria for a disability of an emotional/behavioral disorder (EBD) have an underlying mental health disorder that makes it difficult for them to appropriately respond socially, academically, or emotionally to a situation to such a degree that it impacts academic functioning (Brauner & Stephens, 2006; IDEA, 2004). In addition, students with EBD often struggle with establishing and maintaining relationships with peers and/or authority figures (IDEA, 2004). In the 2017-2018 academic year, an estimated 353,000 students received services for a disability of emotional/behavioral disturbance (referred to in my dissertation as Emotional/Behavioral Disorders, EBD) and receive services under the Individuals with Disabilities Education Act (USDOE, 2019). Students with EBD have lower academic outcomes than students without disabilities and are less likely to graduate (Reid et al., 2004; Samuels, 2018;

USDOE, 2019). Multitiered Systems of Support (MTSS) have been developed and implemented in schools throughout the United States as an evidence-based framework to reduce behavioral incidents in schools and increase academic outcomes by supporting all students and providing targeted and intensive interventions for students with behavioral concerns (Weisz et al., 2018). MTSS utilizes Behaviorism's techniques to modify behavior using positive reinforcement (Todd et al., 2008). ASCA (2018) has supported the use of school-wide behavioral models (specifically MTSS) to support all students. School counselors are stakeholders in working with students with EBD and in the implementation of the MTSS framework in their local schools, but there are not established guidelines for school counselors (Goodman-Scott et al., 2016). In addition, some school counselors have reported not being adequately trained in developing and implementing behavioral interventions in their graduate counseling programs (Kiper Riechel et al., 2020; Zyromski et al., 2018).

I aimed to explore the experiences of elementary school counselors working with students with EBD specifically within an MTSS framework. The research team and I designed the interview questions to allow participants to reflect on their experiences as an elementary school counselor in working with students with EBD, evaluating their graduate training in behavioral interventions, accessing professional development trainings, implementing MTSS in their local school, identifying barriers, working with families of students with EBD, and partnering with community resources for additional services. I had nine participants after one participant was excluded as a mental health counselor who worked in a school. All of the participants had graduated from CACREP accredited school counseling programs and had worked for at least two years as an

elementary school counselor. The participants all had previous or current experience working with a student with EBD within a school setting that had MTSS implemented. Each participant completed a recorded, semi-structured phone interview with the principal investigator and completed a demographic form. Interviews ranged from 26 minutes to 1 hour and 9 minutes.

After data collection was completed, the research team and I used Consensual Qualitative Research (CQR) methodology to analyze the descriptive data into meaningful themes following the guidelines of Hill et al (1997; 2005) and Hill and Knox (2021). CQR allowed the research team to explore the lived experiences of the participant with a step-by-step process. The transcribed interviews of the participants were organized into domains, core ideas, and categories. The research team met weekly for 14 sessions to analyze the themes emerging from the data and come to consensus. Categories were then labeled as general, typical, or variant according to frequency in the data. Because the nature of my dissertation was exploratory, a hypothesis was not developed beforehand, but this chapter will discuss the research questions and results of the study.

The research question was designed to explore elementary school counselors' experiences using MTSS and working with students with EBD in their local school. The research question was instrumental in the development of the interview questions by asking: What are the experiences of elementary school counselors with school-wide, multitiered systems of support for students with emotional/behavioral disorders?

### **Discussion of Domains and Categories**

In analyzing the data from the interviews, seven domains were developed with 34 categories consisting of 11 general categories, 16 typical categories, and 7 variant

categories. General categories were defined as themes that 8-9 of the participants discussed. Typical were defined as themes that were true for 5-7 of the participants, and variant categories were defined if they were discussed by 2-4 of the participants. The results of my study are discussed by examining each of the seven domain that emerged from the data (1) MTSS Model, (2) training, (3) referral process, (4) successful implementation of a behavior plan, (5) collaboration, (6) family engagement, (7) and district and community resources.

### **MTSS Model**

When students receive treatment for a mental health disorder, an estimated 70-80% of them only receive services through their local school (Farmer et al., 2003; Kutash et al., 2015; Mihalas et al., 2008). Weisz et al (2018) and other stakeholders have advocated for the use of MTSS as a way to provide support to all students through universal screening and tiered interventions. In implementing a MTSS model into a local school, all of the participants noted the school counselor's role in providing universal, targeted, and intensive interventions for all students. Besler et al (2016) noted that the MTSS team should evaluate the needs of the school, organize a plan of action, and implement universal screening. Then, the team evaluates the behavioral data and places students in tiers based on risk level. Data-driven services are implemented with continued progress monitoring. As noted by previous researchers, my participants reported providing SEL guidance lessons, small group counseling, individual counseling, and tracking behavior changes for students with behavioral concerns (Bunch-Crump & Lo, 2017; Martens & Andreen, 2013; Smith et al., 2018).



Furthermore, Osher et al (2014) found that school districts that implemented district-wide policy changes that promote SEL competencies reported fewer out-of-school-suspensions and a reduction in disruptive/disobedient behaviors, fighting/violence, harassment/intimidation, and bodily injury. Similarly, my participants reported using universal interventions to promote pro-social behaviors through educating students on school-wide expectations, school-wide incentives for following expectations, and/or SEL guidance lessons. Two of the participants reported a reduction in their disciplinary referrals, but other participants reported observing no change in behavioral incidents or only seeing an improvement in academics, not behavior. This finding may align with the argument made by Osher et al (2014) that school districts will not see positive outcomes for a few years after the implementation of a new framework.

In developing targeted and intensive interventions, the majority of the participants mentioned using check-in/check-out (CICO) as an effective intervention with students with EBD, which aligns with previous research by McIntosh et al (2009) and Bunch-Crump and Lo (2017). Although tier 2 interventions can help to reduce problem behaviors, Bruhn and McDaniel (2021) noted tier 2 interventions can vary greatly in time and personnel required to implement the intervention. In my study, four of the participants agreed with this previous finding, noting that targeted and intensive interventions took staff resources and that it was sometimes difficult to ensure that students received daily services. Similarly, the elementary school counselors that participated in Myers (2011) study reported that time in the school day hindered their ability to provide services to students with disabilities.

When participants were asked to describe their school's tiered services, tier 3 services were described as modified tier 2 interventions. Tier 3 interventions require a Functional Behavior Assessment (FBA) before implementation (Weisz et al, 2017), but only two participants noted conducting an FBA for developing tier 3 interventions. Similarly, MacLeod et al (2016) reported that tier 2 interventions are often revised tier 3 interventions. MacLeod et al (2016) conducted an FBA with four participants with identified problem behaviors in a single-case research design. MacLeod et al (2016) modified the participants CICO intervention based on the results of the FBA. At the conclusion of the study, all four participants had significantly reduced their disruptive behaviors. The results of the study by MacLeod et al (2016) highlight the importance of conducting an FBA to develop individualized, intensive interventions for students with EBD.

### **Training**

When the participants were asked about previous training, the participants reported that elementary school counselors believe that there is a gap in their graduate counseling training in regard to using behavioral strategies employed by the MTSS framework. Participants reported learning about general counseling theories and techniques for working with students and learning about childhood disorders in their graduate school counseling programs, but they were not trained to work with students with EBD or in using behavioral interventions to support students with EBD or behavioral concerns. In 2020, Alvarez et al reported that pre-service school counselors that were required to take a class about working with diverse populations still did not feel prepared in working with students with disabilities and wanted more experience working

with students with disabilities in their practicum placements, highlighting a need for experiential learning combined with cognitive learning theory in school counselor preparation. This finding also aligns with previous research conducted by Finnerty et al (2019) with pre-service school counselors developing group counseling skills through experiential learning. The participants reported that they improved their group counseling skills but needed more training in classroom management techniques when working with disruptive students (Finnerty et al., 2019). Similarly, Quarto (2007) reported that elementary and middle school counselors have inadequate graduate training in using classroom management strategies with students. The results of my study, along with previous research findings, support the need for counselor education programs to incorporate more cognitive and experiential training that would prepare pre-service school counselors in using Behaviorism techniques with students with behavioral issues.

In addition to graduate training, all participants noted that they received training in using MTSS from their district, but the levels of support differed greatly between the participants from having a designated district staff member for training and support to district trainings that were difficult to register for because of capacity limits. This finding is important in relation to the finding found by Olsen et al (2016) that school counselor access to MTSS training was also significantly positively related to MTSS competency and skills. Moreover, Kiper Riechel et al. (2020) previously found the recent school counseling graduates felt unprepared to meet their school's expectations on data collecting, analyzing data, and developing evidence-based interventions based on collected data. In my study, five of the participants reported having more on-the-job-training and conducting their own research to support students with EBD than receiving

formal training from their graduate program or school district. These findings are important considering that school counselors are stakeholders in the development and implementation of the MTSS model within their school and previous research findings by Astramovich (2016) that previous training in program evaluation was a significant predictor for a school counselor using data collection skills.

### **Referral Process**

In developing tiered interventions for students, the participants discussed the referral process for students with behavioral issues. My participants reported using universal screeners or automatically referring students to the MTSS team after a set number of disciplinary referrals. Then, most of the participants reported evaluating behaviors by collecting data from the student's teacher and conducting classroom observations. However, most of the participants identified barriers to the referral process in identifying infrequent behaviors, stigma associated with EBD label, and limited staff availability for data collection and providing services.

In particular, almost all of the participants noted stigma associated with the label of EBD, but a few of the participants also reported that they have been told not to diagnose students with EBD by their school district. As noted earlier, Merikangas et al (2011) reported that minority students have a higher likelihood of being identified with a mental health disorder, and Bai et al (2019) found that African American students were seven times more likely to receive exclusionary discipline from their school for behavior. Although a variant finding, four of the participants (33%) shared that their schools avoid using the EBD label, and two participants reported identifying students as Otherwise Health Impaired (OHI) instead of EBD. Participant 4 stated that it was because of stigma

associated with the EBD label, but participant 5 noted that she had been told to use this alternate diagnosis because of the number of Black, male students being diagnosed with EBD. This finding is significant in evaluating how many students actually meet the criteria for EBD but are given an alternate diagnosis. According to the USDOE (2018), students with EBD represent nearly 1% of the overall student population, but Mihalas et al (2008) and Forness et al (2012) have noted that EBD are often underreported and students with EBD and probably represent 2-4% of the overall student population. In reviewing rates of students receiving services for EBD and OHI, the USDOE (2019) reported that in the 2000-2001 academic year, students with EBD represented 1% of the overall student population, and students with OHI represented .6% of the overall student population. From 2000 to 2018, the rates of students with EBD and OHI were negatively correlated. The rates of students with EBD reduced to .7% of the overall student population, but the rates of students identified with OHI increased to 2% of the overall student population (USDOE, 2019). While this correlation is not conclusive, it is important to note the students with EBD may be underrepresented in the overall student population because of stigma associated with the diagnosis, and some students who meet the criteria for EBD may receive services for an alternate diagnosis.

### **Successful Implementation of a Behavior Plan**

When asked about successful behavioral plans, the majority of the participants ( $N=8$ ) reported the development of positive, pro-socials behavioral outcomes from a successful tiered behavior plan for a student with EBD. The participants report relying on MTSS strategies for progress monitoring for behavioral and academic data (Bruhn & McDaniel, 2021). When a student with EBD is making progress towards their behavior

goals, the participants reported that disciplinary referrals are reduced because the student knows how to access support, uses coping strategies, and is rewarded for making progress towards goals.

When asked about factors that contributed to a student making successful progress towards their goals, the participants identified positive relationships, student involvement, and consistency and intentionality as factors that contributed to a student's success. In particular, most of the participants ( $N=8$ ) noted that building rapport and developing a relationship with students with EBD had a positive impact, which aligns with Mihalas et al (2008) that emotional support from a teacher is the greatest predictor of academic success and development of social skills. Leggio and Terras (2019) also investigated the qualities and skills of effective teachers who worked with students with EBD and found that positive, unconditional student-teacher relationships were necessary for a student to be successful. More research is needed on the impact of the student-school counselor relationship and the impact on academic outcomes for students with EBD. However, because school counselors often implement behavioral plans, the importance of positive relationships when working with students with EBD should not be disregarded.

MTSS is a comprehensive model that relies on data collection, fidelity, and continued progress monitoring (Weist et al., 2017); and schools may not have adequate staff to provide support to all students. Four of the participants noted barriers to a successful behavior plan that included lack of training for school staff and teachers, identification of target behaviors, time and staff resources, and fidelity of the implemented intervention. Braun et al (2020) interviewed 19 educators and examined

their perceptions about utilizing MTSS in urban school settings and noted similar challenges in developing behavior plans. Although there are barriers to successfully implementing a behavioral plan, the participants also noted the importance of collaboration with other staff members in ensuring the fidelity of the intervention for a student with EBD.

### **Collaboration**

In discussing the development and implementation of behavior plans for students with EBD, all the participants reported collaborating with teachers and school staff for providing tiered interventions. Besler et al (2016) recommends a collaborative MTSS team that includes a school counselor, administrator, teacher, school psychologist, and data specialist. Bruhn and McDaniel (2021) also recommended that the MTSS team have regular, scheduled meetings to review behavioral data, address concerns, and monitor progress. Most of the participants also described regular-weekly or monthly- meetings with a multi-disciplinary team and the ability to consult with a district MTSS specialist if needed. However, some of the participants reported still refining their MTSS model in their school and struggling to ensure that everyone involved with a behavioral plan was aware of their responsibilities to maintain the consistency and fidelity of the implemented interventions with students. Some of the participants also reported collaborating with the student's family in developing and implementing the behavioral plan by encouraging the family to be involved in providing rewards to students at home for meeting their behavioral goals.

## **Family Engagement**

Family engagement is a significant predictor for post-school outcomes for students with EBD (Weist et al., 2017). Each of the participants reported maintaining communication with families and incorporating families into the behavior team planning process. Communication with families varied from formal letters to daily/weekly progress reports sent home, telephone communication about positive or negative behavior, referrals for community-based services, and/or disciplinary referrals.

However, the integration of families in developing and implementing behavioral plans varied from getting feedback from parents about a proposed behavior plan to rewards that families could provide at home for meeting behavior goals. The participants reported the importance of getting parental feedback on the implemented interventions and a need for more parental education on resources available for their child. One participant noted working with a parent who was also a special education teacher and knew about resources to request for her child, but two participants noted that parents often do not know what services they can request. Other barriers to communication and integration of the family in the behavior plan were also noted, especially in regard to the stigma associated with the label of EBD. Some of the participants reported that parents could be defensive about their child needing services for EBD. In promoting family engagement for students with EBD, parents have previously reported that strengths-focused student-centered meetings, collaborative goal setting with the family, frequent and positive communication, expressed care and concern for the student, and follow-through of IEP accommodations as factors that contribute to a positive school-family partnership (Carlson et al., 2020). Because family engagement is a predictor for student



outcomes, MTSS behavior teams need to be cognizant of incorporating families in the behavior plan process, educate families about resources available, develop collaborative goals, and communicate concern for the student who needs additional services without judgment.

### **District and Community Resources**

In supporting students with EBD, the participants identified district and school-based services, community mental health providers, and community partnerships as resources that they could access to provide students with EBD as additional resources. Because of previously reported staffing issues in providing school-based services, the participants reported providing families and students referrals for district and community resources that are available to students that need additional services. Access to community resources has been found to be a significant predictor in helping high school students with EBD successfully transition out of the school environment (Davis & Cumming, 2019; Dutta et al., 2016), but more research is needed on the impact of community resources for elementary students with EBD. Six of the participants reported having community agencies that they could refer a student or family to or noted district partnerships with community agencies to provide mental health counseling in the school. In addition, most of the participants ( $N=6$ ) noted established community partnerships that they relied on if there was a reported student or family that had unmet needs within their school. Bryan (2005) advocated that school counselors should support school-family-community partnerships that foster educational resilience and achievement in their student body. Because of the benefits that district and community resources can provide,

the MTSS team should be aware of additional support services that can be provided to families with a child with EBD in addition to tiered services.

### **Limitations**

The implications of my study provide insight into the experiences of elementary school counselors working with students with EBD, but limitations were noted in regard to sampling and research design. Because CQR utilizes a small sample size (8-14), the recruited sample may not be diverse. For my study, all of the participants ( $N=9$ ) identified as female and the majority identified as white. The research team utilized purposive, convenience sampling by using an educational listserv and school counselor social media group, and the results may have differed with a more diverse sample. All of the participants also worked in the Southeast region of the United States. Elementary school counselors from other regions of the United States may have different experiences in working with students with EBD and using MTSS. Results from a national sample may differ with school district policies in other regions of the United States for behavioral plans for students with EBD. Even with these limitations, the research team followed the Hill et al. (1997) guidelines for labeling the categories of the study to address the representativeness of the results so that the results may generalize to similar samples in replication studies. Additionally, the purpose of CQR to study a particular phenomenon does not rely on generalizability for significant results.

Furthermore, participants may have been influenced by social desirability to provide responses that they assumed the research team was seeking (Barden & Cashwell, 2014). Participants were provided the interview question beforehand to prepare, but this may have also allowed the participants to prepare socially desirable responses. I

recognize that my participants may have felt pressured to provide the “right” answer and not share difficulties that they have within their position. However, the utilization of a phone interview also reduces the likelihood of the participants giving a socially desirable response, and the participants were informed that their name would not be used as an identifier in the results of the study (Hill et al., 2005). In order to create a safe environment during the interview, I informed each participant that while they were being recorded, responses would be kept confidential to promote an open and honest dialogue. My study was also qualitative in nature about the participants’ experiences and not a quantitative study on the significance of implemented interventions, so I hope that my participants were honest about their experiences working with students with EBD and using MTSS. Although the participants provided valuable insight into behavioral supports in school, the data analyzed was self-reports and may reflect biases of the school counselor. A phone interview does not have a controlled environment and many school counselors’ perspectives may have been influenced by variables that occurred earlier in the day. In addition, the interviews were the primary source of data and were recorded at one point in time, so the results of my study may have been influenced by biases of the participant, the participant’s emotional state at the time of the interview, and/ or error in recall. To minimize this limitation, Hill et al (2005) suggests recruiting 8-14 participants for saturation of the results, and I recruited nine participants for my study.

Additionally, implementation and effectiveness of behavioral plans can be influenced by several variables including class schedule, teacher implementation and follow through, different goals, fidelity, etc. outside of a school counselor’s control (Betters-Bubon & Donohue, 2016). Participants were asked to discuss the behavioral

plans that they had been a part of implementing with students with EBD, but no set criteria were established for distinguishing between informal behavioral plans and formal behavioral intervention plans (BIP). Future research on this topic should clearly define a BIP for the participants in developing the interview questions.

Furthermore, the last two participants were interviewed after the start of the Coronavirus Pandemic, and their responses might reflect changes in their position due to virtual learning. With the implementation of MTSS in their local schools, the career experience of school counselors may also impact perspectives on providing targeted and intensive interventions. Novice school counselors may have started working at schools that already had a MTSS model in place, whereas senior school counselors may have been more involved in the development of a MTSS in their schools. Novice school counselors may struggle with development and implementation of MTSS's target and intense interventions more so than senior school counselors who have been involved in the implementation of other behavioral interventions. The research team tried to minimize this limitation by recruiting participants who had worked at least two years as a school counselor. In addition, the experiences of my participants as an elementary school counselor ranged from 2-23 years. While a criterion for my study was graduating from CACREP accredited school counseling program, elementary school counselors with more experience would have been trained under different accreditation standards, and they may have had access to more district training opportunities, which would have influenced the results of my study. Future research should ask participants more about the training they were provided in their graduate programs.

Along with sampling issues, limitations with CQR were also noted. Hill et al. (1997) provides step-by-step instructions for utilizing CQR, but Stiles (1997) has presented considerations when utilizing CQR. In analyzing the data, if multiple “truths” are presented in the data, the research teams’ biases may change a participant’s response to match another participant response in order to come to consensus. To minimize this limitation, the research team noted biases before analyzing the data and utilized a faculty auditor to reduce the impact of group think. However, even with recording biases, most CQR research teams are composed of faculty and graduate students from the same program who may be unaware of implicit biases that may influence the results of the study (Stiles, 1997). All members of the set research team had previous experience working with students with EBD and working with school counselors or were school counselors themselves. The research team participated in bracketing exercises to note personal values, theoretical orientation, and/or past experiences that may influence the development of the interview questions and/or the analysis of the results. However, implicit biases still may be present in the results of my study, and the inclusion of other stakeholders in education on the research team would have strengthened the results by reducing the impact of biases.

Although several limitations of my study were noted, the research team utilized several strategies to minimize their impact including having a five-member research team that recorded reflections on the data and noted biases as they emerged, conducted member-checks and triangulation with previous data, and had an external auditor review each stage of the data analysis process. In addition, the research team used open-ended

interview questions and reviewed each question carefully to minimize researcher bias in constructing each interview question.

### **Implications**

The findings of my dissertation have implications for current elementary school counselors, local school districts, and counselor educators in working with students with EBD and using MTSS interventions. The implications in this section illustrate numerous factors that impact a successful behavior plan for a student with EBD, including referring students for services, developing a behavioral plan that can be integrated with fidelity and consistency, fostering positive relationships between the student and school staff, and increasing family engagement. Also, barriers to a behavior plan were noted: lack of training, identification of target behaviors, time and staff resources, and fidelity of the implemented interventions.

#### **Implications for Elementary School Counselors**

My study aimed to add to the literature by exploring elementary school counselors' perspectives on working with students with EBD and assessing behavior, developing and implementing a behavior plan, and measuring outcomes. Elementary school counselors are stakeholders in the implementation of MTSS and providing services to students with EBD. Students with EBD have poor academic outcomes and lower graduation rates. MTSS models have been implemented as a solution to support all students, but specifically to provide targeted and intensive interventions for students who need more support. My participants were all involved in the development and implementation of the MTSS model within their local school but reported various responsibilities related to providing tiered services. For instance, some of the participants

reported developing individualized behavior plans for students with EBD as part of a behavior team or leading the behavior team. Other participants reported that a special education teacher would develop the behavior plan, and the school counselor would often only provide services that were written into the behavior plan for students with EBD. Most of the participants reported their districts had mandated the implementation of a school-wide MTSS model, but some participants reported that their schools were still trying to develop a comprehensive system to support all students. The participants also noted several barriers to implementing a school-wide MTSS model in their school, including: limited staff resources, changes in administration, identifying students who needed tier 2 or 3 services, and fidelity of interventions. Although all the participants noted challenges in using MTSS, many of the participants also noted positive outcomes in utilizing a school wide framework like decreases in overall school-wide disciplinary referrals and having a system to reward pro-social behaviors. This finding aligns with previous research by Steiner et al (2013) and Bunch-Crump and Lo (2017) and their research that found MTSS' tier 2 interventions decreased negative behaviors for students with EBD. In addition, the impact of MTSS in supporting all students aligns with Osher et al (2014) finding that MTSS is an evidence-based intervention for lowering school referrals. However, for the MTSS model to work, my participants noted that it has to be implemented with consistency and fidelity by all staff members and teachers. Within their respective schools, it is critical for elementary school counselors to have clearly defined roles in providing tiered interventions within the MTSS framework in order to provide services to students with EBD with consistency and with intentionality. These findings also indicate a need for school districts to provide comprehensive training and

guidelines for MTSS implementation and provide adequate staff to support students who need additional services.

In addition, the participants also discussed their experiences in providing services to students with EBD in particular. The participants noted particular challenges for working with students with EBD, such as: difficulty assessing target behaviors, addressing stigma associated with EBD diagnosis, and providing daily consistent services. When asked about factors that contributed to an effective behavior plan for students with EBD, the participants noted several measures that helped in reducing problem behaviors for students with EBD- consistency and fidelity of the intervention, positive relationships between student and a staff member, collaboration between members of the behavior team, and family engagement. The level of family engagement varied amongst my participants from formal letters home to in-person meetings, but it's important to note that family engagement has been identified as a factor for a student with EBD meeting their targeted behavioral goals (Weist et al., 2017). Elementary school counselors should strive to increase family engagement and incorporate families in developing the behavioral plan for their child. In addition, as noted by one participant, parents/guardians may need more education on resources that are available for their child. Elementary school counselors could talk with parents/guardians and discuss resources available for their child before the behavior plan meeting.

Barriers and factors of success are important elements for elementary school counselors to consider when developing and implementing behavioral plans for students with EBD to ensure a higher likelihood of successfully modifying behavior and having students reach their target goals. As also noted by Quarto (2007), the majority of my



participants reported a lack of preparation in working with students with EBD in developing and implementing evidence-based behavioral interventions. This finding has implications for school districts in providing professional development training and for counselor educators in preparing pre-service school counselors to work with students with EBD.

### **Implications for Local School Districts**

When asked about district resources available for students and staff, elementary school counselors can have varied responses. For students with EBD, elementary school counselors have noted staffing challenges and restrictions in the school day as barriers to providing tiered interventions. School districts need to ensure that there is adequate staff to implement MTSS's multiple stages of interventions. Furthermore, some school counselors report having regular professional development trainings and even access to an MTSS district specialist, but other school counselors reported not having access to training in utilizing MTSS or working with students with EBD because of budget cuts to professional development training. Although budgetary concerns have to be considered, school districts need to ensure that all school staff, including school counselors, are properly trained in assessment, data collection, and specific interventions in order for MTSS to be effective (Sink, 2016). In addition, while some school counselors may receive training in their graduate school counseling programs, MTSS training and using behavioral interventions may vary greatly between all staff members on the MTSS behavior team. Local school districts need to ensure that all staff, including elementary school counselors, are aware of the district policies and resources available when using MTSS and working with students with EBD.

## **Implications for Counselor Educators**

The results indicated that the majority of the elementary school counselors in my study did not believe that their graduate school counseling programs prepared them to work with students with EBD and utilize evidence-based behavioral interventions as an elementary school counselor. School counseling programs are designed to prepare pre-service school counselors to work in multiple school settings (Finnerty et al., 2019), and some of the elementary school counselors in my study reported that their school counseling programs prepared them to use general counseling techniques with students and that they were made aware of different types of disabilities that students may be diagnosed with through one special education course that they were required to take. Participants reported that they were trained in counseling techniques to use open-ended questions, build rapport with students, and conduct small groups; but they were not trained in implementing behavioral plans. As I stated in Chapter 2, counselor education programs often use cognitive learning theory and experiential learning as an integrated pedagogical model. However, my participants reported a need for more experiential training in graduate programs to address a gap in working with students with behavioral issues. Counselor education programs often utilize a practicum and internship experience for experiential learning, but some of the participants reported that they were not given the opportunity to work with students with EBD. One participant noted assisting her supervisor with developing one behavior plan and working with that one student during her internship. In a follow-up interview, two participants suggested that their graduate programs could have incorporated more case study examples, and one participant suggested that it would be helpful to have a school counselor in the field present

evidence-based strategies. The use of case studies in the classroom would allow pre-service school counselors to brainstorm different strategies to employ in supporting a student with EBD within a school setting and provide practice developing tier 2 and/or 3 interventions. In addition to practicum and internships, counselor education programs could integrate experiential small groups for students with behavioral issues in local schools into school counseling courses to ensure the development and application of skills (Finnerty et al., 2019). For example, pre-service school counselors could be required to provide individual or group counselors to students with EBD or with behavioral concerns during their practicum or internships placement. In addition to providing counseling services, counselor educators can provide school counseling students the opportunity to observe special education classrooms through local school partnerships and observe how a professional school counselor works to support students with EBD and students with other identified disabilities. These experiential observations could be integrated into an Introduction to School Counseling course with opportunities to reflect on the experience in class or in a reflective paper. Although these suggestions would provide pre-service school counselors more experiential learning opportunities, more research is needed on the impact of increasing school counselor competencies with behavioral interventions and whether or not it improves student outcomes for students with EBD.

Although students with EBD represent a small portion of the overall student population in public schools, it is important to recognize that students with EBD have lower graduation rates than any other student with a disability and are more likely to be diagnose with a substance abuse disorder (USDOE, 2014: 2019). Because of the long-

term, negative implications for students with EBD, the results of my study add to the literature to support future research to examine the effects of counselor educators modifying school counseling graduate curriculum to ensure that pre-service school counselors are prepared to work with students with EBD by increasing experiential learning opportunities for working with this population of students and developing behavior plans. By modifying school counseling graduate program curriculum, the hope is that increasing school counselor competencies would lead to better student outcomes for students with EBD, but research is needed to confirm this assumption.

In summary, the research team found several implications from the results of my study for elementary school counselors, local school districts, and counselor educators in providing evidence-based practices for students with EBD. However, although there are numerous suggestions on how to better prepare school counselors, research to support these strategies still needs to be done.

### **Suggestions for Future Research**

The findings of my study further confirm elementary school counselors as stakeholders in providing services in their schools, but the results also highlight the importance of elementary school counselors in providing services to students with EBD specifically within a MTSS framework. Elementary school counselors often are members of a MTSS behavior team, a part of each stage of a behavioral plan for students with EBD, and provide support services to students, families, and teachers in their schools. More research is needed on evidence-based practices for supporting students with EBD that school counselors can implement. Because of their role in schools, the experiences of elementary school counselors in developing evidence-based behavioral interventions is

essential to ensure those interventions would realistically be implemented with consistency and fidelity.

Furthermore, as noted earlier, my dissertation had several limitations due to the sample of participants. Future research should attempt to recruit a more diverse sample by possibly exploring the experiences of school counselors and students with EBD in middle school and high school settings, male school counselors, and school counselors in other regions of the United States for more comprehensive results. Because school counselors are not the only stakeholders in providing services to students with EBD, future research could explore the experiences of different members of the MTSS behavior team and their work with students with EBD to fully evaluate the behavioral planning and implementation process.

Lastly, because school counselors have reported a gap in their graduate training, future research may focus on the effect of providing increased training for pre-services school counselors in using behavioral interventions and working with students with EBD within their courses of study using experiential learning strategies to increase their competencies as a school counselor and the impact on student outcomes for students with EBD. The results would have been strengthened by a quantitative or mixed methods design that provided pre-services school counselors additional training in using behavioral interventions and measuring academic outcomes for students with EBD. By using a quantitative or mixed methods approach for future research, the results from my study could be triangulated and increase the generalizability of the results.

## **Conclusion**

In summary, students with emotional/behavioral disorders (EBD) have lower academic achievement and graduation rates than students without disabilities. MTSS models have been implemented in public schools as a framework to support all students using Behaviorism principals to develop universal, targeted, and intensive interventions. Elementary school counselors are stakeholders in the development and implementation of MTSS models in their local schools and working with students with EBD. In evaluating the research question: What are the experiences of elementary school counselors in providing behavioral supports with an MTSS framework for students diagnosed with emotional/behavioral disorders? The results of my study add to the literature on how elementary school counselors identify and provide services to students with EBD. The participants in my study discussed challenges related to identifying and working with students with EBD, training, and fidelity of implemented interventions. However, the participants also noted consistency of the interventions, collaboration within the behavior team, positive relationships with the student, and family engagement as factors that contributed to successful implementation of behavioral plans for students with EBD. My dissertation also provides implications for counselor education programs to expand course curriculum to emphasize Behaviorism principles used in the MTSS framework with cognitive and experiential pedagogy in preparing pre-service school counselors to work with students with EBD.

## REFERENCES

- Alvarez, J. M., Bhat, C. S., & Landmark, L. J. (2020). Are school counselors sufficiently prepared to serve students with disabilities? *Journal of School Counseling, 18*(19).
- American School Counselor Association (2019). *ASCA School Counselor Professional Standards & Competencies*. Alexandria, VA: Author.
- American School Counselor Association. (2018). The professional school counselor and multi-tiered systems of support. American School Counselor Association Position Statement. Retrieved from [https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS\\_MultitieredSupportSystem.pdf](https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_MultitieredSupportSystem.pdf)
- Arman, J. F., & Scherer, D. (2002). Service learning in school counselor preparation: A qualitative analysis. *Journal of Humanistic Counseling, Education and Development, 41*(1), 69–86.
- Astramovich, R. L. (2016). Program evaluation interest and skills of school counselors. *Professional School Counseling, 20*, 54–64. doi:10.5330/1096-2409-20.1.54
- Aubrey, K., & Riley, A. (2016). *Understanding and Using Educational Theories*. Thousand Oaks, CA: Sage Publications, Inc.
- Barden, S. M., & Cashwell, C. S. (2014). International immersion in counselor education: A consensual qualitative research investigation. *Journal of Multicultural Counseling and Development, 42*(1), 42–60.

- Belser, C. T., Shillingford, M. A., & Joe, J. R. (2016). The ASCA Model and a multi-tiered system of supports: A framework to support students of color with problem behavior. *Professional Counselor*, 6(3), 251–262.
- Bettters-Bubon, J., & Donohue, P. (2016). Professional capacity building for school counselors through school-wide positive behavior interventions and supports implementation. *Journal of School Counseling*, 14(3).
- Bierman, K. L., Coie, J. D., Dodge, K. A., Greenberg, M. T., Lochman, J. E., McMahon, R. J., Pinderhughes, E., & Conduct Problems Prevention Research Group. (2010). The effects of a multiyear universal social–emotional learning program: The role of student and school characteristics. *Journal of Consulting and Clinical Psychology*, 78(2), 156–168. <https://doi.org/10.1037/a0018607>
- Braun, G., Kumm, S., Brown, C., Walte, S., Hughes, M. T., & Maggin, D. M. (2020). Living in tier 2: Educators’ perceptions of MTSS in urban schools. *International Journal of Inclusive Education*, 24(10), 1114–1128.
- Brauner, C. B., & Stephens, C. B. (2006). Estimating the prevalence of early childhood serious emotional/behavioral disorders: Challenges and recommendations. *Public health reports (Washington, D.C. : 1974)*, 121(3), 303–310. <https://doi.org/10.1177/003335490612100314>
- Bruhn, A. L., & McDaniel, S. C. (2021). Tier 2: Critical issues in systems, practices, and data. *Journal of Emotional and Behavioral Disorders*, 29(1), 34–43. <https://doi.org/10.1177/1063426620949859>



- Bryan, J. (2005). Fostering educational resilience and achievement in urban schools through school-family-community partnerships. *Professional School Counseling, 8*(3), 219–227.
- Bunch-Crump, K. R., & Lo, Y. (2017). An investigation of multitiered behavioral interventions on disruptive behavior and academic engagement of elementary students. *Journal of Positive Behavior Interventions, 19*(4), 216–227.
- Carlson, R. G., Hock, R., George, M., Kumpiene, G., Yell, M., McCartney, E. D., Riddle, D., Weist, M. D. (2020). Relational factors influencing parents' engagement in special education for high school youth with emotional/behavioral disorders. *Behavioral Disorders. <https://doi.org/10.1177/0198742919883276>*
- Catron, T., & Weiss, B. (1994). The Vanderbilt school-based counseling program: An interagency, primary-care model of mental health services. *Journal of Emotional and Behavioral Disorders, 2*(4), 247–53.
- Centers for Disease and Control and Prevention. (2018, October 28). Children's mental health: Data & statistics. Retrieved from <https://www.cdc.gov/childrensmentalhealth/data.html>
- Chen, C.-C., Sutherland, K. S., Kunemund, R., Sterrett, B., Wilkinson, S., Brown, C., & Maggin, D. M. (2021). Intensifying interventions for students with emotional and behavioral difficulties: A conceptual synthesis of practice elements and adaptive expertise. *Journal of Emotional and Behavioral Disorders, 29*(1), 56–66. <https://doi.org/10.1177/1063426620953086>

- Council for Accreditation of Counseling and Related Educational Programs. (2016). *2016 CACREP Standards*. Retrieved from <http://www.cacrep.org/wp-content/uploads/2018/05/2016-Standards-with-Glossary-5.3.2018.pdf>
- Creswell, J. (2008). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. Pearson: Merrill Prentice Hall.
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Thousand Oaks, CA: Sage.
- Davis, M. T., & Cumming, I. K. (2019). Practical strategies for improving postsecondary outcomes for students with EBD. *Preventing School Failure, 63*(4), 325–333. <https://doi-org.pallas2.tcl.sc.edu/10.1080/1045988X.2019.1608898>
- Dollarhide, C. T., Smith, A. T., & Lemberger, M. E. (2007). Counseling made transparent: Pedagogy for a counseling theories course. *Counselor Education and Supervision, 46*(4), 242–253
- Dutta, A., Kundu, M. M., Johnson, E., Fong Chan, Trainor, A., Blake, R., & Christy, R. (2016). Community conversations: Engaging stakeholders to improve employment-related transition services for youth with emotional and behavioral disabilities. *Journal of Vocational Rehabilitation, 45*(1), 43–51. <https://doi-org.pallas2.tcl.sc.edu/10.3233/JVR-160809>
- Eklund, K., Renshaw, T. L., Dowdy, E., Jimerson, S. R., Hart, S. R., Jones, C. N., & Earhart, J. (2009). Early identification of behavioral and emotional problems in youth: Universal screening versus teacher-referral identification. *California School Psychologist, 14*, 89–95.

- Fernando, S. Y. J. N., & Marikar, F. M. M. T. (2017). Constructivist teaching/learning theory and participatory teaching methods. *Journal of Curriculum and Teaching*, 6(1), 110–122.
- Finnerty, S., Luke, M., & Duffy, J. T. (2019). A grounded theory of experiential group training of school counselors to engage in psychoeducational group lessons with first-in-family students. *Journal for Specialists in Group Work*, 44(2), 99–117. <https://doi-org.pallas2.tcl.sc.edu/10.1080/01933922.2019.1599476>
- Flynn, S. V., & Ingerson, T. I. (2021). Understanding and research and ethics. In S. V. Flynn (Ed.), *Research design for the behavioral sciences* (pp.1-43). Springer Publishing
- Forness, S. R., Freeman, S. F., Paparella, T., Kauffman, J. M., & Walker, H. M. (2012). Special education implications of point and cumulative prevalence for children with emotional or behavioral disorders. *Journal of Emotional and Behavioral Disorders*, 20, 4–18. doi: 10.1177/1063426611 401624
- Gage, N. A., Lewis, T. J., & Stichter, J. P. (2012). Functional behavioral assessment-based interventions for students with or at risk for Emotional and/or Behavioral Disorders in school: A hierarchical linear modeling meta-analysis. *Behavioral Disorders*, 37(2), 55–77.
- Goodman-Scott, E. (2015). School counselors' perceptions of their academic preparedness and job activities. *Counselor Education and Supervision*, 54(1), 57–67.
- Goodman-Scott, E., Betters-Bubon, J., & Donohue, P. (2016). Aligning comprehensive school counseling programs and positive behavioral interventions and supports to

- maximize school counselors' efforts. *Professional School Counseling*, 19(1), 57–67. <https://doi-org.pallas2.tcl.sc.edu/10.5330/1096-2409-19.1.57>
- Granello, D. H. (2001). Promoting cognitive complexity in graduate written work: Using Bloom's Taxonomy as a pedagogical tool to improve literature reviews. *Counselor Education and Supervision*, 40(4), 292–307.
- Grothaus, T. (2013). School counselors serving students with disruptive behavior disorders. *Professional School Counseling*, 16(4), 245–255. <https://doi.org/10.1177/2156759X12016002S04>
- Guercio, J. M. (2020). The importance of a deeper knowledge of the history and theoretical foundations of behaviorism and behavior therapy: Part 2—1960–1985. *Behavior Analysis: Research and Practice*, 20(3), 174–195. <https://doi-org.pallas2.tcl.sc.edu/10.1037/bar0000178>
- Hill, C. E., & Knox, S., (2021). *Essentials of Consensual Qualitative Research Design*. American Psychological Association.
- Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology*, 52(2), 196–205. <https://doi.org/10.1037/0022-0167.52.2.196>
- Hill, C.E., Thompson, B.J. and Williams, E.N., (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist*, 25(4), pp.517-572.
- Huscroft-D'Angelo, J., January, S. A., Duppong Hurley, K. L. (2018). Supporting parents and students with emotional and behavioral disorders in rural settings: Administrator Perspectives. *Rural Special Education Quarterly*, 37(2), 103-112. Doi: 10.1177/8756870517750827

Individuals with Disabilities Education Improvement Act of 2004.(2004). 20 U.S.C. § 1400 et seq.

Kern, L., Evans, S. W., Lewis, T. J., State, M., Weist, M. D., & Wills, H. P. (2015).

CARS comprehensive intervention for secondary students with emotional and behavioral problems: Conceptualization and development. *Journal of Emotional and Behavioral Disorders*, 23, 195–205. doi:10.1177/1063426 615578173

Kern, L., Hetrick, A. A., Custer, B. A., & Commisso, C. E. (2019). An evaluation of IEP accommodations for secondary students with emotional and behavioral problems. *Journal of Emotional and Behavioral Disorders*, 27(3), 178–192.

Kiper Riechel, M. E., Beasley, J. J., Howard, E., & Culbertson, K. (2020). School counselors talk program evaluation in a class-based qualitative research project. *Professional School Counseling*. <https://doi.org/10.1177/2156759X20903569>

Kolb, A. Y., & Kolb, D. A. (2005). Learning styles and learning spaces: Enhancing experiential learning in higher education. *Academy of Management Learning & Education*, 4(2), 193–212. <https://doi-org.pallas2.tcl.sc.edu/10.5465/AMLE.2005.17268566>

Kolb, A. Y., & Kolb, D. A. (2009). The learning way: Meta-cognitive aspects of experiential learning. *Simulation & Gaming*, 40(3), 297–327. Retrieved from <https://login.pallas2.tcl.sc.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ845461&site=ehost-live>

Lane, K. L., Oakes, W., Menzies, H. M., & Harris, P. (2012). Developing comprehensive, integrated, three-tiered models to prevent and manage learning and behavior

- problems. In *The Routledge International Companion to Emotional and Behavioural Difficulties* (pp. 177-183). Taylor and Francis. <https://doi.org/10.4324/9780203117378>
- Leggio, J. C., & Terras, K. L. (2019). An Investigation of the qualities, knowledge, and skills of effective teachers for students with Emotional/Behavioral Disorders: The teacher perspective. *Journal of Special Education Apprenticeship*, 8(1), 1-15.
- Limberg, D., Bell, H., Super, J. T., Jacobson, L., Fox, J., DePue, M. K., Christmas, C., Young, M. E., & Lambie, G. W. (2013). Professional identity development of counselor education doctoral students: A qualitative investigation. *Professional Counselor*, 3(1), 40–53.
- Lochman, J. E., Boxmeyer, C., Powell, N., Qu, L., Wells, K., & Windle, M. (2009). Dissemination of the Coping Power program: Importance of intensity of counselor training. *Journal of Consulting and Clinical Psychology*, 77(3), 397–409.
- MacLeod, K. S., Hawken, L. S., O'Neill, R. E., & Bundock, K. (2016). Combining tier 2 and tier 3 supports for students with disabilities in general education settings. *Journal of Educational Issues*, 2(2), 331–351.
- Malott, K. M., Hall, K. H., Sheely-Moore, A., Krell, M. M., & Cardaciotto, L. (2014). Evidence-based teaching in higher education: Application to counselor education. *Counselor Education and Supervision*, 53(4), 294–305.
- Martens, K., & Andreen, K. (2013). School counselors' involvement with a school-wide positive behavior support intervention: Addressing student behavior issues in a

- proactive and positive manner. *Professional School Counseling*. <https://doi.org/10.1177/2156759X1201600504>
- Maxwell, J. A., (2013). *Qualitative Research Design: An Interactive Approach* (3<sup>rd</sup> ed.) Sage. Publications.
- McDaniel, S. C., Lochman, J. E., Tomek, S., Powell, N., Irwin, A., & Kerr, S. (2018). Reducing risk for emotional and behavioral disorders in late elementary school: A comparison of two targeted interventions. *Behavioral Disorders*, 43(3), 370–382. Retrieved from <https://login.pallas2.tcl.sc.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1178799&site=ehost-live>
- McIntosh, K., Campbell, A. L., Carter, D. R., & Dickey, C. R. (2009). Differential effects of a tier two behavior intervention based on function of problem behavior. *Journal of Positive Behavior Interventions*, 11(2), 82–93. <https://doi.org.pallas2.tcl.sc.edu/10.1177/1098300708319127>
- McKenna, J. (2013). The disproportionate representation of African Americans in programs for students with emotional and behavioral disorders. *Preventing School Failure*, 57(4), 206–211. Retrieved from <https://login.pallas2.tcl.sc.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1023437&site=ehost-live>
- Merikangas, K. R., He, J., Burstein, M., Swendsen, J., Avenevoli, S., Case, B., ... Olfson, M. (2011). Service utilization for lifetime mental disorders in US adolescents: Results of the National Comorbidity Survey-Adolescent Supplement (NCSA).

- Journal of the American Academy of Child & Adolescent Psychiatry*, 50(1), 32–45. <https://doi.org/10.1016/j.jaac.2010.10.006>
- Mihalas, S., Morse, W. C., Allsopp, D. H., & Alvarez McHatton, P. (2009). Cultivating caring relationships between teachers and secondary students with Emotional and Behavioral Disorders: Implications for research and practice. *Remedial and Special Education*, 30(2), 108–125.
- Mitcham, M., Portman, T. A. A., & Dean, A. A. (2009). Role of school counselors in creating equitable educational opportunities for students with disabilities in urban settings. *Urban Education*, 44(4), 465–482. <https://doi-org.pallas2.tcl.sc.edu/10.1177/0042085909341042>
- Morran, D. K., Kurpius, D. J., Brack, C. J., & Brack, G. (1995). A cognitive-skills model for counselor training and supervision. *Journal of Counseling & Development*, 73, 384–389.
- Morris, E., (2018, November 1). Bloom’s taxonomy questions: Usage in formal assessment. Retrieved from <https://tophat.com/blog/blooms-taxonomy-questions/>
- Murphy, K. M., Dickson, C., & Flynn, S. (2021). Understanding and research and ethics. In S. V. Flynn (Ed.), *Research design for the behavioral sciences* (pp.1-43). Springer Publishing
- Myers, H. N. F. (2005). How elementary school counselors can meet the needs of students with disabilities. *Professional School Counseling*, 8(5), 442.
- Ockerman, M. S., Mason, E. C. M., & Hollenbeck, A. F. (2012). Integrating RTI with school counseling programs: Being a proactive professional school counselor. *Journal of School Counseling*, 10(15).



- Olsen, J., Parikh-Foxx, S., Flowers, C., & Algozzine, B. (2016). An examination of factors that relate to school counselors' knowledge and skills in multi-tiered systems of support. *Professional School Counseling, 20*(1), 1-13  
<https://doi.org/10.5330/1096-2409-20.1.159collection>.
- Osher, D. M., Poirier, J. M., Jarjoura, R. G., Brown, R., & Kendziora, K. (2014). Avoid simple solutions and quick fixes: Lessons learned from a comprehensive districtwide approach to improving student behavior and school safety. *Journal of Applied Research on Children, 5*(2), 1-45.
- Patton, M. Q. (2002). *Qualitative Research and Design Methods* (3<sup>rd</sup> ed.). Sage Publications.
- Prochaska, J. O., & Norcross, J. C. (Eds.). (2014). *Systems of psychotherapy: A transtheoretical analysis* (8th ed.). Cengage Learning.
- Quarto, C. J. (2007). Managing student behavior during large group guidance: What works best? *Journal of School Counseling, 5*(7).
- Reid, R., Gonzalez, J. E., Nordness, P. D., Trout, A., & Epstein, M. H. (2004). A meta-analysis of the academic status of students with emotional/behavioral disturbance. *Journal of Special Education, 38*(3), 130–143.
- Richardson, V. (2003). Constructivist pedagogy. *Teachers College Record, 105*(9), 1623-1640.
- Samuels, C. A., (2018). Students with emotional disabilities: Facts about this vulnerable population. *Education Week, 37*(24), 14-15.
- Scattone, D., Tingstrom, D. H., & Wilczynski, S. M. (2006). Increasing appropriate social interactions of children with Autism Spectrum Disorders using Social

- Stories. *Focus on Autism and Other Developmental Disabilities*, 21(4), 211–222. <https://doi.org/10.1177/10883576060210040201>
- Schonert-Reichl, K. A., Oberle, E., Lawlor, M. S., Abbott, D., Thomson, K., Oberlander, T. F., & Diamond, A. (2015). Enhancing cognitive and social–emotional development through a simple-to-administer mindfulness-based school program for elementary school children: A randomized controlled trial. *Developmental Psychology*, 51(1), 52–66. <https://doi-org.pallas2.tcl.sc.edu/10.1037/a0038454.supp>
- Sink, C. A. (2016). Incorporating a multi-tiered system of supports into school counselor preparation. *Professional Counselor*, 6(3), 203–219.
- Steiner, N., Sidhu, T., Pop, P., Frenette, E., & Perrin, E. (2013). Yoga in an urban school for children with emotional and behavioral disorders: A feasibility study. *Journal of Child & Family Studies*, 22(6), 815–826. <https://doi-org.pallas2.tcl.sc.edu/10.1007/s10826-012-9636-7>
- Stiles, W. B. (1997). Consensual qualitative research: Some cautions. *Counseling Psychologist*, 25(4), 586–598.
- Todd, A. W., Campbell, A. L., Meyer, G. G., & Horner, R. H. (2008). The effects of a targeted intervention to reduce problem behaviors: Elementary school implementation of check in—check out. *Journal of Positive Behavior Interventions*, 10(1), 46–55. <https://doi.org/10.1177/1098300707311369>
- U.S. Department of Education, Institute of Education Sciences (2019). *Selected Statistics From the Public Elementary and Secondary Education Universe: School Year*

- 2015–16. Retrieved from  
[https://nces.ed.gov/pubs2018/2018052/tables/table\\_03.asp](https://nces.ed.gov/pubs2018/2018052/tables/table_03.asp)
- U.S. Department of Education, Institute of Education Sciences (2014). School mobility, dropout, and graduation rates across student disability categories in Utah.  
 Retrieved from [https://ies.ed.gov/ncee/edlabs/regions/west/pdf/REL\\_2015055.pdf](https://ies.ed.gov/ncee/edlabs/regions/west/pdf/REL_2015055.pdf)
- U.S. Department of Education, National Center for Education Statistics. (2019). *Digest of Education Statistics, 2018* (NCES 2020-009), Table 204.30.[https://nces.ed.gov/programs/coe/indicator\\_cgg.asp](https://nces.ed.gov/programs/coe/indicator_cgg.asp)
- Walker, J., Geddes, A., Lever, N., Andrews, C., & Weist, M.D. (2010). Reconsidering the term “emotional disturbance”: A report from Maryland. *Advances in School Mental Health Promotion*. 3(2), 46-52.
- Weist, M. D., Eber, L., Horner, R., Splett, J., Putnam, R., Barrett, S., Perales, K., Fairchild, A. J., & Hoover, S. (2018). Improving multitiered systems of support for students with “internalizing” emotional/behavioral problems. *Journal of Positive Behavior Interventions*, 20(3), 172–184.
- Weist, M. D., Garbacz, A., Lane, K., & Kincaid, D. (2017). Enhancing progress for meaningful family engagement in all aspects of positive behavioral interventions and supports and multi-tiered systems of support. In M. Weist, A. Garbacz, K. Lane, & D. Kincaid (Eds.), *Aligning and integrating family engagement in Positive Behavioral Interventions and Supports (PBIS): Concepts and strategies for families and schools in key contexts* (pp. 1–8). Eugene: University of Oregon Press.

- Weisz, J. R., Kuppens, S., Ng, M. Y., Eckshtain, D., Ugueto, A. M., Vaughn-Coaxum, R., Jensen-Doss, A., Hawley, K. M., Krumholz Marchette, L. S., Chu, B. C., Weersing, V. R., & Fordwood, S. R. (2017). What five decades of research tells us about the effects of youth psychological therapy: A multilevel meta-analysis and implications for science and practice. *American Psychologist*, 72(2), 79–117. <https://doi.org/10.1037/a0040360>
- Xurvein, M. A. (2015). Assessment process of EBD students: Professional perspectives, *Social Work Master's Clinical Research Papers*, 543.
- Zyromski, B., Dimmitt, C., Mariani, M., & Griffith, C. (2018). Evidence-based school counseling: Models for integrated practice and school counselor education. *Professional School Counseling*. <https://doi.org/10.1177/2156759X18801847>

## APPENDIX A

### PARTICIPANT RECRUITMENT EMAIL

Hello!

We're conducting a qualitative research study at the University of South Carolina. We're looking to interview elementary school counselors who work in schools that implement Multi-tiered support systems (MTSS) like PBIS with students with emotional-behavioral disorders (EBD).

**Chosen participants will receive a \$25 Target gift card for participating.**

Participants must meet the following requirements:

- Be willing to participate in over the phone interview that will last between 45 minutes and an hour.
- Currently work as an elementary school counselor in the United States.
- Have worked as an elementary school counselor for at least two years.
- Implemented a behavioral plan for a student with EBD.
- Currently Work in a school that implements a MTSS plan.
- Graduated from a CACREP master's program.

If you or someone you know meets these qualifications, please fill out or share this form: [https://docs.google.com/forms/d/1BvIb6reizR8BSsP6r0YPldR4gct\\_FVholTV7ZcLDOjo/edit](https://docs.google.com/forms/d/1BvIb6reizR8BSsP6r0YPldR4gct_FVholTV7ZcLDOjo/edit)

Thank you!  
Esther McCartney

**Esther McCartney, M.Ed.**

Counselor Education and Supervision | PhD Student  
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## APPENDIX B

### PARTICIPANT RECRUITMENT SOCIAL MEDIA POST

#### RESEARCH PARTICIPANTS NEEDED

Chosen participants will receive a \$25 Target gift card for participating.

We're looking to interview elementary school counselors who work in schools that implement Multi-tiered support systems (MTSS) like PBIS with students with emotional-behavioral disorders (EBD) for a qualitative research study.

Participants must meet the following requirements:

- Be willing to participate in over the phone interview that will last between 45 minutes and an hour.
- Currently work as an elementary school counselor for at least two years.
- Implemented a behavioral plan for a student with EBD.
- Currently Work in a school that implements a MTSS plan.
- Graduated from a CACREP master's program.

Study has been approved by the University of South Carolina's IRB (Approval # Pro00093972).

If interested, please fill out this contact form:

[https://docs.google.com/forms/d/1BvIb6reizR8BSsP6r0YPldR4gct\\_FVholTV7ZcLDOjo/edit](https://docs.google.com/forms/d/1BvIb6reizR8BSsP6r0YPldR4gct_FVholTV7ZcLDOjo/edit)

## APPENDIX C

### INFORMED CONSENT

Hello,

You are being invited to take part in a research study focused on School Counselors' experience with Multi-tiered support systems (MTSS) with children with Emotional Behavioral Disorders (EBD) that Esther McCartney and Dr. Dodie Limberg are conducting.

Whether you take part is up to you and completely voluntary.

- This study is investigating school counselors training in MTSS and experiences with behavioral plans.
- The purpose of the study is to better understand how school counseling programs could train future school counselor on development and implementation of MTSS systems and intensive interventions for students with EBD.
- You are being asked to engage in an individual, semi-structured interview. You will be asked a series of open-ended questions.
- You do not have to answer any questions that you do not want to.
- You will participate in the interview only one time. It will take between 45 minutes to an hour.
- You will also complete a demographic survey.

**If you are interested in participating in this study, please respond to this email to schedule a time to complete the interview** or contact Esther McCartney at [estherm@email.sc.edu](mailto:estherm@email.sc.edu).

You will be audio taped as part of this study. All data will be kept confidential and upon study completion recordings will be destroyed. You must be 18 years of age or older to take part in this research study and been employed as a school counselor for at least two academic years. If you have any questions about the study, please contact Dodie Limberg. If you have any questions about your rights as a research subject contact, Lisa Marie Johnson, IRB Manager, Office of Research Compliance, University of South Carolina, 901 Sumter Street, Byrnes 515, Columbia, SC 29208, Phone: (803) 777-7095 or [LisaJ@mailbox.sc.edu](mailto:LisaJ@mailbox.sc.edu). The Office of Research Compliance is an administrative

office that supports the USC Institutional Review Board. The Institutional Review Board (IRB) consists of representatives from a variety of scientific disciplines, non-scientists, and community members for the primary purpose of protecting the rights and welfare of human subjects enrolled in research studies.

There are no known risks associated with participating in this research except a slight risk of breach of confidentiality, which remains despite steps that will be taken to protect your privacy. Participants will receive a \$25 Target gift card. Participation will be confidential. Study records/data will be stored in locked filing cabinets and protected computer files at the University of South Carolina. The results of the study may be published or presented at professional meetings, but your identity will not be revealed. Participation in this study is voluntary. You are free not to participate or to withdraw at any time, for whatever reason, without negative consequences.

Sincerely,

Esther D. McCartney, M.Ed.

Doctoral Candidate in Counselor Education, University of South Carolina



## APPENDIX D

### DEMOGRAPHIC FORM

#### General Demographics Survey

#### What are School Counselors' Experiences with School-Wide, Multitiered Support Systems for Students with Emotional Behavioral Disorders?

**Directions:** Please complete the following general demographics survey (all responses are **confidential**). Please type in your answers. Feel free to change the formatting or use more space if needed.

---

**Gender:** ☐ Cisgender Male ☐ Cisgender Female  
☐ Transgender Female ☐ Transgender Male  
**Age:** **Ethnicity:** ☐ African-American ☐ Asian-American  
☐ Caucasian/White (Non-Hispanic) ☐ Hispanic ☐ Native-American  
☐ Pacific/Islander ☐ Other:

---

#### **EDUCATION:**

**Highest Degree Completed:** ☐ Masters ☐ Specialist ☐ Doctoral **Major:**  
**University attended with location:**

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#### **SCHOOL COUNSELING EXPERIENCE:**

Are you currently employed as a school counselor? ☐ Yes ☐ No  
Does your current school implement a Multitiered Support System (MTSS)? ☐ Yes ☐ No

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#### **If yes, please answer the following questions.**

Do you currently counsel in: ☐ Elementary, ☐ Middle, ☐ High School Setting?

Name of School and Location:

How many students attend your school?

On average, how many students have individual behavioral plans in place?

How many school counselors currently work at your school?

How long have you been employed at your current school? ☐ 0-2 ☐ 3-5 ☐ 6-9 ☐ 10 +

Years of total School Counseling Experience: ☐ 1-3 ☐ 4-6 ☐ 7-9 ☐ 10 +

Is your current employer a private school? ☐ Yes ☐ No

Were you *previously* a teacher before becoming a school counselor? ☐ Yes ☐ No  
If yes, Grade(s) You've *Previously* Taught: ☐ Pre-K ☐ 1<sup>st</sup>-4<sup>th</sup> ☐ 5<sup>th</sup> – 8<sup>th</sup> ☐ 9<sup>th</sup> – 12<sup>th</sup>

Number of School Sponsored Trainings Attended Per Year: ☐ 0 ☐ 1-3 ☐ 4 -6 ☐ 7-9  
☐ 10 +

Number of Independent Trainings Attended Per Year: ☐ 0 ☐ 1-3 ☐ 4 -6 ☐ 7-9  
☐ 10 +

Number of Trainings Attended on Mental Health Per Year: ☐ 0 ☐ 1-3 ☐ 4 -6 ☐ 7-9  
☐ 10 +

Number of Trainings Attended on Behavioral Planning Per Year: ☐ 0 ☐ 1-3 ☐ 4 -6 ☐  
7-9 ☐ 10 +

Number of Trainings Attended on Trauma Per Year: ☐ 0 ☐ 1-3 ☐ 4 -6 ☐ 7-9 ☐ 10 +

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## APPENDIX E

### INTERVIEW QUESTIONS

1. Tell me a little bit about your experience behavioral plans with children with EBD.
2. How did your training as a school counselor prepare you for working with children with EBD? Developing behavioral plans or IEPs? Utilizing MTSS?
3. Have you had access to additional training on behavior planning during your career through your school district? If yes, what kind of training was offered?
4. Describe your school wide MTSS and each tier. How long has your school implemented a MTSS?
5. Tell me about how teachers and school staff were trained in implementing the MTSS model.
6. How did the development and implementation of a MTSS impact your school's behavioral incidents and referrals?
7. How did the MTSS impact students with EBD?
8. What are the challenges of developing a behavior plan for a student with EBD?
9. Can you share about a MTSS behavioral plan that was successfully implemented with a student with EBD? What are some factors that you contribute to the child's success?
10. Tell me more about targeted interventions that you have been developed and implemented for students with EB disorders? Have there been any negative impacts of utilizing a MTSS?
11. Does your school partner with other community agencies? If yes, tell me about how your school connects students with local community agencies.
12. Tell me about your experiences engaging families in MTSS behavioral plans.